

# ORAL HYGIENE

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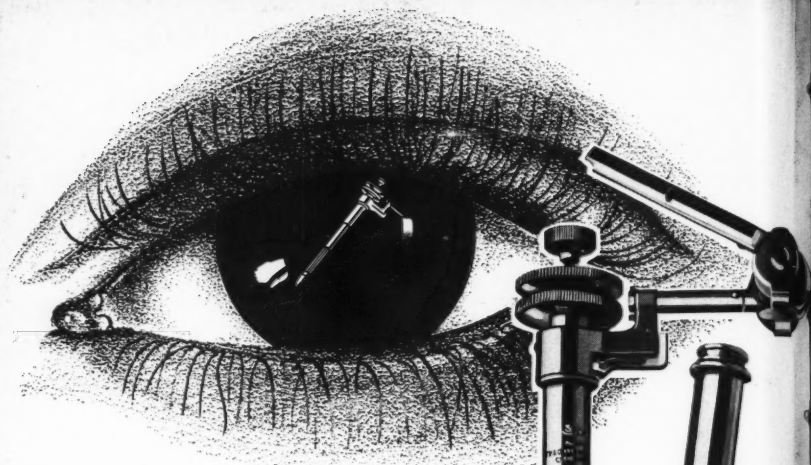
DEC 13 1939

DON'T MUTILATE OR



ROCKY MOUNTAIN MID-WINTER MEETING, JANUARY, 7-10

December, 1939



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*Through your  
Patients' Eyes!*

When your patient is seated in the operating chair, your handpiece becomes the most conspicuous and the most dreaded object in your equipment. If it is worn and dingy in appearance, other fears are added to his anticipation of pain.

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**SKIN (DERMAL) SUTURES.** Sterile—in Tubes. Artificial silkworm gut, non-absorbable. Medium. Threaded to No. 14 Half-Circle needle. Approx. length 20".

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DENTAL DIVISION

Johnson & Johnson

NEW BRUNSWICK, N. J.

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# *The Publisher's* **CORNER**



**BY MASS**

**NUMBER 222**

AS THE YEAR ENDS, it seems high time to make some reference to the Corner mailbag and the small accumulation of letters, still thinly veneering its insides, which have not yet been acknowledged in these pages.

Here is the one from Doctor Ray Worsley of Dixon, Illinois, in whom thoughts of his own childhood were stirred by the natural-color photograph of the Tanner children on ORAL HYGIENE's May cover. Their tea-party made Ray remember "the thrill of weak tea with lots of sugar and cream," and "the sticky little arms, and the mess on the table.

"Mother had to stop whatever she was doing and clean up both of us. It didn't seem important at the time, but gosh, Mass, as the years roll on these little things come to mind and recall more vividly the many loving things that Mother did. It's too damned bad that one grows old—we should start at the other end and grow young: we would appreciate more."

The Corner for which a probing of my speech infirmity provided some of the copy brought a letter from 80-year-old Doctor W. F. Richards of Quincy, Illinois, who is also the proprietor of a speech infirmity. He wrote that he "has stuttered since early childhood, a family failing easily traced among the males. But we have not been handicapped as are those of both sexes who stutter in mind, and the world is full of them, especially in the ruling class.

"Born in 1859, I have been assured that the strenuous times along this western border of our state during the rebellion

*(Continued on page 1420)*



The Color Testing Chart  
Tells You More in Two  
Seconds Than the Clever-  
est Advertisement We  
Could Write on the . . .

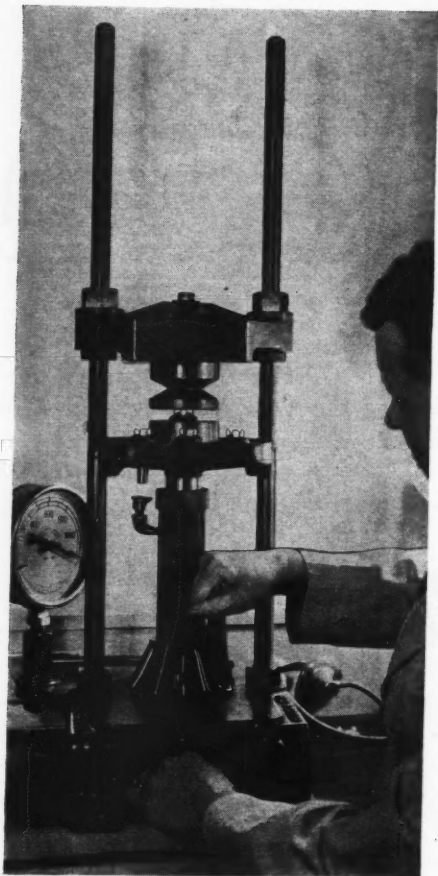
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Before you leave your office today make arrangements with your Ritter dealer for this convincing color test . . . see for yourself how this new, amazing light will give you daylight effect in your operatory . . . how you can definitely match teeth and mix colors . . . how cool and economical it is . . . make this test yourself . . . adaptable to Unit or Tri-Dent . . . or with wall bracket mounting . . . Write for literature.

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SKILL YOUR SAFEGUARD

**YOU** can trust the Incisal Edges of  
**TRUBYTE NEW HUE TEETH**  
They come to you Laboratory-Tested for Strength

# Trubyte NEWHUE Teeth are STRONG

THEY withstand many times the greatest pressure it is possible for the human jaw to exert.

## THE TEST of the Incisal Edge for Crushing Strength

1. 3 teeth are mounted in a vulcanite block, incisal edges upward.
2. The block is mounted in a hydraulic press, and pressure is applied.
3. The amount of pressure is registered on the dial seen at the left.

Trubyte New Hue Teeth always withstand high pressures.



### "I had Made Life!" . . . . D.D.S.

"Having been in the practice of dentistry for more than 40 years, I have made a good many dentures, and I have always felt that there was something lacking in every case I inserted. Last week I inserted a full upper and lower, using your New Hue Teeth, and it was then that I realized what was missing in the previous dentures.

"I had made life; that deadness was missing. My patient was so pleased that it really gave me a great thrill, and I want you to know how much I appreciate your efforts for more natural and better denture work."

TRUBYTE AT YOUR SERVICE

THE DENTISTS' SUPPLY COMPANY  
OF NEW YORK

brought on my stuttering, but I doubt it, since it was known that others in less strenuous times showed signs aplenty of the failing. It has made me keep my place . . ."

When the Corner told of my dad's first cross-country journey back in 1873, Doctor Alex Grower of Middletown, Connecticut, was moved to write that he had "just returned from a two-week course at \_\_\_\_\_ Dental School. The equipment and facilities go back further than the days when your dad made his first transcontinental trip—hand-crank operating chairs, foot engines, bracket tables, and what not. The two weeks spent there were almost a waste of time . . . Now to get back to your Corner: I like to hear someone talk of those days that are now mainly recalled for us by the movies. We don't read our American history books after we leave school . . ."

Another of this year's Corners brought a letter from Doctor F. H. Bowman of Milwaukee. "I would call your horizontal vantage point the most desirable seat in the house," he wrote. Of the printing press Corner, he said, "Of course Marjory was right."

My sister Marjory herself had been another of the department's correspondents, a member of the heckling division, in fact. Doctor Bowman referred to Marjory having been quoted in June as complaining that I hadn't told "the half of it in the printing press Corner a while ago; she states that she did practically all the work in our printing shop, that she remembers as if it were yesterday how I sat about in overalls and deep meditation, claiming to be engaged in constructive thought for the good of the business."

He believed Marjory was right. "But," he asks, "who wants to remember how hard we used to work? We can look around now and see a lot of the boys working hard, making nice things that will be worn out in just a short time. If a feller could just figure how to get out of all this hard work, and still make a living, it would be a lot better for everyone. The hell of it is the boys all want someone else to figure it out for them."

And I figured how to "get out of hard work and still make a living" for a couple of hours just now by resorting to the judicious quoting and unquoting out of which this month's pages have been built.

# Demonstrate Proper Tooth and Gum Care with

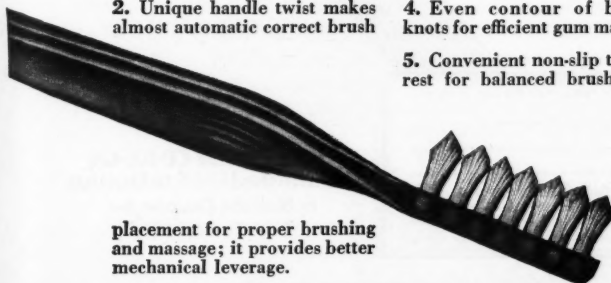


## D. D. Tooth Brush

Adults and children seldom know how to use the tooth brush correctly. It is a good idea to always keep a D.D. Tooth Brush in the office to facilitate instructions on how to brush the teeth and massage the gums. This practical brush was expressly designed, with the aid of 1,000 dentists, for both tooth and gum prophylaxis. "Thank you!" your patients will say to your recommendation of D.D. Tooth Brush.

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5. Convenient non-slip thumb-rest for balanced brush grip.



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Milk of Magnesia

# INSTRUMENTATION-MASSAGE-FLEERS GUM

## Natural Allies against Inflammatory Gum Conditions



**A**FTER proper instrumentation in the treatment of Parodontosis, the major problem is often that of teaching the patient the proper method of massage and of securing full cooperation in the matter of regularity. Realizing this, many dentists further supplement their instrumentation, as well as their instructions concerning massage, by recommending the chewing of Fleers Gum.

The extra "toughness" and bulk of Fleers Gum effects a definite periodontal massage when chewed. The alternate compression and release of gum

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- ✓ **Gingival Stimulation**  
Fleers Gum is three times as bulky as ordinary gum and easily reaches the gingival margins in the process of being chewed and thereby gently massages these tissues.
- ✓ **Salivary Stimulation**  
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Cohesive and non-sticky, Fleers Gum will help dislodge food particles frequently missed by ordinary brushing.

tissue serves as an active stimulant of the locally congested circulation. It is very similar in its effect to the exercise brought about by manual massage.

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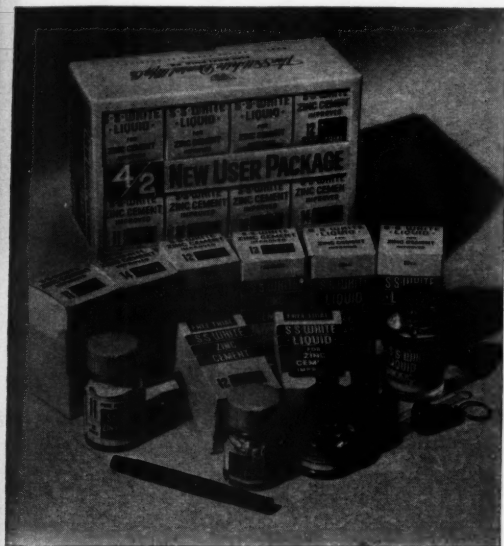
It complies with A.D.A. Specification No. 8 (First Revision), and the physical properties are uniform in all colors. Mixes

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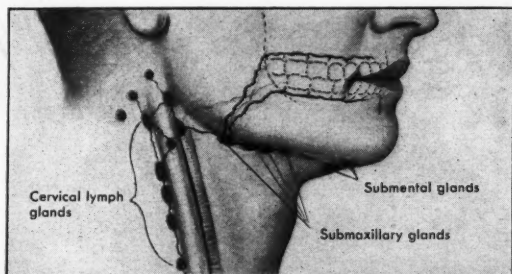
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## BARRIERS AGAINST SYSTEMIC INVASION FROM ORAL FOCI—NO. 4



CERVICAL LYMPH NODES act as reserve defense forces to check the further progress of bacteria from oral foci which may be about to invade the body. Due to lowered general resistance, however, even these effective barriers are often powerless to prevent systemic invasion.

## *Intestinal Flushing*

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When treating oral foci of infection, the dentist often finds it advisable to aid the defensive forces of the body by flushing the colon of wastes which may contribute to lowered resistance. The FLUID BULK provided in the intestines by the action of SAL HEPATICA stimulates gentle peristalsis to quickly remove waste material from the bowel. Mineral salts of SAL HEPATICA help neutralize excessive gastric acidity and stimulate bile flow.

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Re-establishing a Normal Alkaline Reserve

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# FOR PATIENTS WITH COUGHS

## USE PERTUSSIN

To improve patient cooperation

To avoid interruptions

To protect yourself

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1. Pertussin (saccharated extract of thyme) increases the secretion of thin, soothing mucus through direct influence upon the secretomotor center in the brain. This increased secretion overcomes tracheal irritation, thus lessening the cough impulse.
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Dentists are invited to send the attached post card for a liberal supply of Pertussin to demonstrate its value.

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## PERTUSSIN

"FIRST THOUGHT IN COUGH"





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**WE BELIEVE** the answer is that this brush fits the precise requirements for a tooth brush . . . as most modern dentists analyze them . . . more exactly than *any* other tooth brush.

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DECEMBER  
1939

Horace Wells Conquers Pain.....1437

*Max E. Soifer, D.D.S.*

A Dentist Goes to the Near East .....1446

*Marcella Hurley*

Case Completed—1939.....1450

*Walter H. Jacobs, D.D.S.*

Keeping Patients is an Art, Not an Accident....1454

*Fannie T. Goldstein*

Dentists in the News.....1459

Editorial Comment.....1464

Ask Oral Hygiene.....1466

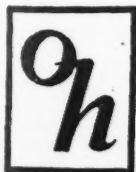
Annual Index.....1469

Dental Meeting Dates .....1473

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Wise people now see their dentists at least 4 times a year. In the long run this not only saves costly den-

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## AND WARNS 4 OUT OF 5 ABOUT GINGIVITIS

We firmly believe we are contributing a service to the public in advising them to see you every 3 months for close tooth and gum inspection.

May we please ask your kind co-operation in return? Won't you please indicate Forhan's Toothpaste and Forhan's Gum Massager whenever patients seek your advice in regard to supplementary dental care at home?

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A 50¢ Forhan Gum Massager will be sent any patients free if they send us carton of large size Forhan's Toothpaste. They pay only 39¢—the price of the Toothpaste alone.

## HORACE WELLS CONQUERS PAIN

by MAX E. SOIFER, D.D.S.\*

Hartford, Connecticut  
December 10, 1844

My dearest Elizabeth:

It is very late in the evening, but I am so excited by an event<sup>1</sup> that I have only just witnessed that I feel the only way I can compose myself to slumber is by writing it all down in a letter to you. This evening I attended a demonstration of the laughing gas which, as I have told you, is of course nothing but the nitrous oxide gas discovered over eighty years ago by Priestley. The demonstration, held in Union Hall,

was given by a Professor Colton. There were also a number of the most surprising chemical experiments, and these account for my attendance—you know my interest in chemistry! Besides, you know how I like fun, and one can always expect a plenitude of merriment at the laughing gas parties. The admission was only twenty-five cents, so please don't chide me for being extravagant.

The entertainment began at seven o'clock. The hall was well filled, for it is seldom that entertainment of this calibre is presented in a city so small as Hartford. All the elite were there, dressed in their finest, and very much pleased with themselves, you may be sure. Professor Col-

\*Librarian, Hartford Dental Society

<sup>1</sup>A brief resume of the discovery of anesthesia, told through the medium of imaginary letters written by a contemporary of Horace Wells to his sweetheart.

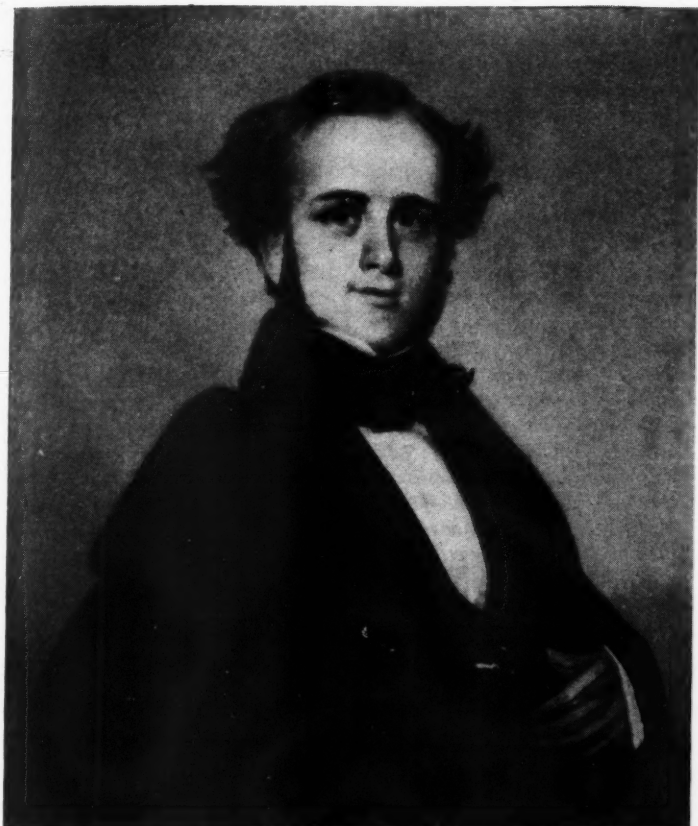
ton who, by the way, is a very handsome young man, had been careful to secure enough subjects for his experiments with the laughing gas; twelve young men had volunteered to make themselves mildly ridiculous by inhaling the gas in full view of the audience. Professor Colton, in addition to securing these volunteers, had also, as a precautionary measure, in the event that any of the young men became obstreperous while under the influence of the gas, hired eight strong men—they looked like ruffians—to maintain order.

At the commencement of the program, after a brief lecture by Professor Colton, a number of the young men inhaled the gas, and performed various amusing antics while under its influence, such as dancing, singing, falling about and so forth; there was a great deal of genteel merriment. One of these young men—a fellow scarcely more than my own age, who I was later told had not originally intended to inhale the gas, but had volunteered on the spur of the moment—was a dentist by name Horace Wells. He looks to be about twenty-eight years of age, and he is very handsome. Blond, with blue eyes and chestnut hair. A good figure, though solidly built, and an amiable smile for everyone. Are you intrigued, my dear? Well, then put your mind at rest, for he is already married, and has an infant son. His wife is not beautiful, but she looks like a very capable woman. She was not partic-

ularly pleased by his actions to-night, you may be sure; she looked daggers at him all the time he was on the stage.

But to continue—along toward the middle of the entertainment there was great excitement. One of the young fellows who inhaled the gas, a rather flighty chap named Sam Cooley—an apothecary's apprentice—became, under the influence of the gas, extremely belligerent. Apparently, in his exhilarated state, the sight of a young man whom he did not like in the audience, excited him beyond measure, for he leaped from the stage, despite the efforts of the eight strong men to restrain him, and ran up and down the aisles in pursuit of that cravenly person, who fled from Cooley as though Sathanas himself was after him. The hall was in pandemonium. Women were screaming, men were shouting advice to Cooley and his quarry, and the eight strong men were making the loudest noise of all. It was over all too soon. The effects of the gas quickly wearing off, Cooley, much abashed, sat down in the nearest seat, which chanced to be in the aisle directly ahead of me. The entertainment was resumed as though nothing had occurred.

The first indication I had of anything remarkable was the strange action of this Doctor Wells, whom I have already mentioned. He got up from his seat, walked across to Cooley, and sat down. I could hear their conversation plainly.



Photograph, courtesy of Mary W. Wales

*Horace Wells, D.D.S. (1815-1848)*

"Didn't you hurt yourself banging against all those chairs?" Wells asked. (Cooley, while intoxicated by the gas, had fallen across some of the benches during his frantic efforts to catch his enemy.)

"No," Cooley replied. "I am perfectly uninjured."

"That's remarkable," the dentist said. "I could have sworn you bruised yourself badly. Pull up your trouser legs and make sure."

Well, Elizabeth, young Cooley pulled up his trouser legs, and I saw that his shins were barked; more, that they were bleeding badly. Cooley appeared dumb-

founded. "That's strange," he said. "I begin to feel a little pain now, and the pain is steadily growing worse, but at the time I injured myself I was totally unaware of it."

Then this dentist, Wells, turned to a gentleman sitting next to him, a man named David Clark, and said, "I believe a man by taking that gas could have a tooth extracted or a limb amputated and not feel the pain."

Betty dear, that is the news I must put down on paper before I can sleep tonight; I feel that young Wells was right. I recall now that Sir Humphrey Davy made a similar suggestion many years ago, but that for some unknown reason, it was never followed up. Wells, however, is going to find out for himself whether his idea—which is really a stroke of genius—is sound or not. Before he left the hall tonight he spoke to Professor Colton, and asked the professor to bring a bag of the gas to his dental office tomorrow morning, stating that he proposed to have a defective molar extracted from his own head while he lay under the influence of the gas. And Professor Colton agreed to bring the gas. What courage that dentist must have! He will have to take a large dose of the gas; what if it produces some unexpected effect? It is not beyond possibility that this experiment may turn out fatally for Wells. But if it turns out successfully, then the world will have found the panacea for which it has sought through

thousands of years. You can see now why I am so excited. If Wells' experiment turns out successfully, he will be entitled to be ranked among the greatest of human benefactors. I doubt if I will sleep so much as a wink tonight. Tomorrow I intend to go to Wells' office and inquire the result of the experiment. I shall finish this letter tomorrow night.

Sweet dreams, darling. I pray that young Wells has found the alleviating agent, which mankind has sought so long and so unsuccessfully.

With all my love,

John

Wednesday evening  
December 11, 1844

Dearest Betty:

Here I am again, continuing the story I began last night. This morning I arose bright and early and went to Horace Wells' office on Main Street, all agog to witness his experiment. Several gentlemen were there, among them Samuel Cooley, the apothecary's assistant, and Doctor John Riggs, a dentist, and, incidentally, a former pupil of Wells', whom Wells had prevailed upon to pull the tooth. But Professor Colton had not yet arrived. I accordingly remained at Wells' office, waiting, and talking to the gentlemen there, all of whom were very pleasant and friendly and, of course, excited. Several patients came in, whom Wells treated, and in the intervals we conversed. I learned, to my surprise, that Wells had long entertained the idea that an alleviat-



ing agent would some day be found; for a number of years he has proclaimed this conviction to his friends and associates. By the way, he is a very fine dentist; his patients, as I observed this morning, are mostly substantial people—and he is quite an inventor as well. He has constructed most of his dental apparatus and, so far as I can determine from my meagre knowledge of dentistry, he has improved on many of the appliances now in use. He very kindly showed me a copy of a pamphlet he published some time ago. It is entitled "An Essay On Teeth," and it is full of ideas hinting at a definite connection between diet and oral hygiene, and many other notions which at first thought seem radical, but upon reasoned consideration appear to be based on hard common sense and accurate knowledge. Obviously this Wells is considerable of a student, in addition to being a good dentist. I shall certainly come to him when next I want my teeth attended to.

Unfortunately, I did not witness the experiment. I already had a previous appointment for ten o'clock and, though I waited at Wells' office until five minutes of that hour, Professor Colton had not yet arrived. I therefore left, but returned again at about twelve o'clock, learning to my extreme regret that I had missed the experiment, which had taken place during my absence.

Darling, Wells' daring experiment was a complete success. When I returned to Wells' office,

Professor Colton had already left, but Doctor Riggs was still there and also Sam Cooley and, of course, Wells himself. And all insisted that the tooth had been extracted from Wells' mouth without any pain whatsoever. Wells was so excited that he could hardly remain quiet for more than a moment at a time; he kept walking about the room, exclaiming over and over, "It did not hurt so much as the prick of a pin." And Riggs and Cooley were equally enthusiastic. Think of it, Betty, today, the eleventh of December, 1844, marks the day on which the first painless tooth extraction was ever performed on a human being!

The possibilities in the discovery are tremendous. Wells and Riggs are already talking of trying other substances in search of the same effect; they have already mentioned sulphuric ether, which any student of chemistry knows produces apparently similar stupor upon the human frame. There seems no doubt sulphuric ether will produce analogous results, but it seems to me a far more dangerous substance than nitrous oxide gas, and this I told Wells. However, he is going to go ahead and experiment with it anyway. Betty, he is in all aspects a most remarkable young man. Any person with half an eye can instantly envisage the possibilities for financial gain in this discovery; just suppose that Wells merely advertised "Painless Extractions" at exorbitant prices, and kept the nature of the sub-

stance he asked his patients to inhale for the purpose of inducing unconsciousness a secret. He could easily do this by disguising the gas with perfume. My dear, he could make thousands of dollars. Even his dental practice alone, and the possibilities for building up a fortune would be multiplied beyond belief, if he extended its use into general surgery—keeping its composition a secret! The thought came to me that the new discovery might even be patentable, but I did not mention it because Wells kept reiterating his intention of making it "as free as the air we breathe"—of giving it gratis to mankind. What a noble attitude to take! No thought of personal profit, only a sincere desire to alleviate human suffering without a penny of personal gain. I only hope that, should it ever chance that I be confronted by a similar opportunity to profit by some discovery that will be of universal benefit to mankind, I will have the strength of character to demonstrate equal altruism.

Betty, I have witnessed history in the making. It is my firm belief that this day, December 11, 1844, will go down through the centuries as the day on which man first proved to himself the possibility of alleviating pain in surgical and dental operations. May my belief prove correct!

I will write more of Horace Wells in later letters. Write soon, for I think of you constantly.

With love,

John

January 27, 1845

Darling Betty:

In accordance with my custom of keeping you fully informed of the developments in connection with Horace Wells' discovery, I am today writing you what occurred on a trip Wells made to Boston recently to place the discovery before the medical authorities there. (By the way, since I last wrote you on this subject, Doctor Wells has extracted two of my teeth without pain; on one occasion using sulphuric ether, which I inhaled with considerable trepidation; on the other occasion employing the nitrous oxide, of which I had no fear whatever.) Wells, with whom, as you know, I have struck up quite an acquaintance, told me last night that his Boston demonstration had been but a partial success. He seemed somewhat cast down, for he believed that his discovery would be instantly acclaimed in Boston; thus hastening its spread throughout the world. He told me that the demonstration was given before Doctor Warren's Medical Class at Harvard College and that, the gas bag being by mistake withdrawn much too soon (Wells both administered the gas and extracted the tooth) the patient, one of the students, cried out, and the majority of the class instantly leaped to the conclusion that it was either a failure or a humbug. However, he reiterated emphatically that it was not a failure, for the boy afterward told him that he felt little if any pain. But the class, apparently, was in no



*Looking down the main street of Hartford, Connecticut, about 1870. Horace Wells' office was approximately at the site of the building which bears the sign "Books," according to Doctor Soifer. He reports that when an old building which stood on that corner was razed a few years ago and a newer edifice erected, a committee representing the Connecticut State Dental Association saw to it that the tablet, originally dedicated here to Horace Wells, on December 10, 1894, at the semi-centennial celebration, and later buried under a junk heap, was restored on the wall of the newer building, where it is now located.*

mood for any further demonstrations. You know how students are, they think they know it all, no one can tell them anything. It is a great pity that the faculty of Harvard College and the staff of Massachusetts General Hospital, of whom Wells had asked permission to demonstrate the gas in a major operation, did not evince more interest. This seems to me an example of almost incomprehensible shortsightedness on the part of men of authority. Unquestionably the attitude Wells encountered on the part of Boston's most influential medical savants will retard the spread of

information concerning his discovery. It is a very great pity.

Although almost all of the Hartford dentists are using the gas regularly, it seems probable that, because of the unfortunate result of this Boston demonstration, Boston medical men, even though they become informed of the Hartford successes, will look upon the gas askance and refuse to have anything to do with it. Now, darling, will you be very careful to keep these communications regarding Wells' discovery, for they constitute a record of events, which I would not like to lose, and I am writing them

down but once, in these messages, entirely apart from my personal letters—to you.

With all my love,

John

December 12, 1846

My dearest wife:

It seems strange to be again in Hartford, where I have not been for over a year, but I feel that the visit will not be wasted. You know that, after hearing the astounding news that William T. G. Morton of Boston had patented and was selling a compound that seemed strangely reminiscent of the discovery of my friend Wells, I couldn't rest until I had come to Hartford and heard the story from Wells' own lips—and here I am. I expect to leave for home in a couple of days; you know I have many old friends here, and this is as good an occasion as any for resuming those acquaintanceships.

Well, darling, I will tell you as briefly as I can the story behind Morton's patent. I remembered, of course, that he had been a former pupil of Wells', and that they had at one time been in partnership together and that Wells had gotten out of the partnership as soon as he could because of Morton's fondness for grog and habit of running up indebtedness which he afterwards expected his friends to assume. Also he had heard rumors that Morton was a chronic liar.

I learned today that Morton had been informed all along of his former teacher's and part-

ner's experiments with nitrous oxide gas. Morton was with Wells when Wells put on his not wholly successful demonstration at Harvard College. I gather that, at that time, he was not particularly impressed, but that last summer a young woman, Miss, Elizabeth Williams, met him in Stafford Springs, Connecticut, and, learning that he was a dentist, told him that Wells had painlessly extracted teeth for her by employing nitrous oxide gas. Morton immediately became all excited, came down to Hartford, and questioned Wells at length. Wells, who was anxious that the discovery become widely known, told Morton to go to Doctor Charles T. Jackson, a Boston chemist with whom they both were acquainted, and that Doctor Jackson would prepare the gas for him at any time he wished it. Wells assumed, of course, that Morton would use the gas in his own practice and so help to spread the news of the discovery. But Morton had other ideas. He wanted to use the gas, but he also wanted to keep its nature a secret in Boston. He went to Jackson, but he did not say that he was after the gas, he merely hinted around for information, and Jackson, after pooh-poohing the idea, advised him to use sulphuric ether, as being attended with less trouble. Ether, you know, is less bulky and cheaper to prepare than the gas. The irony in all this is that Wells had already used ether almost two years before—as you know from those letters I wrote you be-

fore we were married, sweetheart.

So here is what happened. Morton tried ether; the ether of course produced the same effect as Wells had achieved with nitrous oxide, and Morton went ahead and patented it, disguising its identity by the addition of perfume. He is now selling patent rights all over the country at exorbitant rates. The picture is still more marred by the fact that Doctor Jackson is named in the patent as co-discoverer; this presumably because he told Morton to make the substitution, something any tyro in chemistry could have done! I don't know what the world is coming to, really. Here Morton goes to Wells, learns all about Wells' discovery, decides to try it out and, if possible, profit by it to the fullest extent, learns from Doctor Jackson of the similarity of effect produced by sulphuric ether, tries the ether—and then blossoms forth as a “discov-

erer” of something entirely new. Wells told me this afternoon that he didn't think the principle, which he of course discovered, was patentable, anyway; it was a fact of nature which, once ascertained, should become the common property of all. And certainly sulphuric ether is not patentable, for it had been known and in use for many years. Well, we shall see what becomes of Morton's patent.<sup>2</sup> Perhaps, if it is ever questioned, it will be declared void; perhaps it will be upheld; Heaven only knows. The fact that is perfectly clear is that Morton and Jackson have defrauded Wells shamefully by not at least accrediting him with his discovery of the principle of the alleviation of pain through the inhalation of soporific substances, and Morton is now acting disgracefully by attempting to extort money from suffering humanity through the sale of his so-called “compound.”

I expect to return home the day after tomorrow.

With all my love,

John

284 Church Street  
Hartford, Connecticut

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<sup>2</sup>Morton and Jackson's patent was nullified by the Federal Court (of New York District) in 1863 and Horace Wells was awarded credit for the discovery of anesthesia by the American Dental Association, in 1864; the American Medical Association, in 1870; the International Dental Federation in 1910, and other important bodies since that date.

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## EVERY DENTIST CAN SPARE A DOLLAR

YOUR DOLLAR to the American Dental Association relief fund will help some dentist stricken with ill health or misfortune.

# *A Dentist Goes to the NEAR EAST*

by MARCELLA HURLEY

FROM LONDON to Saint Louis to Syria. That was the devious route by which M. Don Clawson, dentist and conversationalist, first reached the Near East in 1929. He has been there ever since occupied variously as a dentist, professor of operative dentistry, archeologist, lecturer, and writer. The route Doctor Clawson took to achieve his objective isn't as haphazard as it sounds, although it would never turn up in any well-organized guide book. To one of Doctor Clawson's genial temperament, Saint Louis represented only a slight detour, which he can easily explain.

Now well established in the Near East, Doctor Clawson returns every two years to the United States to visit dental clinics and talk to dental societies about his work. This year, while stopping briefly in Chicago, he took time off between hurried excursions to the federal building to get his passport renewed, to explain how simple it is to get into foreign dental practice—you just talk your way in.

In the telling Doctor Clawson makes the process seem quite easy and logical. With the idea of looking up a location in some foreign country, he went to London in 1928. Here he spent a good

deal of time investigating dental conditions and visiting dental schools. But he didn't seem to be making much progress in his plans for the future. Then one day he called on Doctor Robert LeCron, leading London dentist. He was received cordially and, through Doctor LeCron, began to meet other influential members of the profession in England. With these friends he discussed the dentition of primitive tribes, which was always of much interest to him. He told them about the studies that dentists, working through the American government had made of the Esquimaux; he spoke often of their reports showing that the Esquimaux who lived on their native diet had excellent teeth, which deteriorated rapidly when they encountered civilization.

Among the London professional men Doctor Clawson met and talked to by the hour, was Doctor Fred Shaw, a cousin of George Bernard Shaw's. Doctor Shaw was much interested in the stories of the Esquimaux and in turn told what he knew about the nomadic Bedouins of Syria and northern Arabia, whose teeth developed perfectly under conditions of their native life. He suggested that Doctor Clawson make a den-

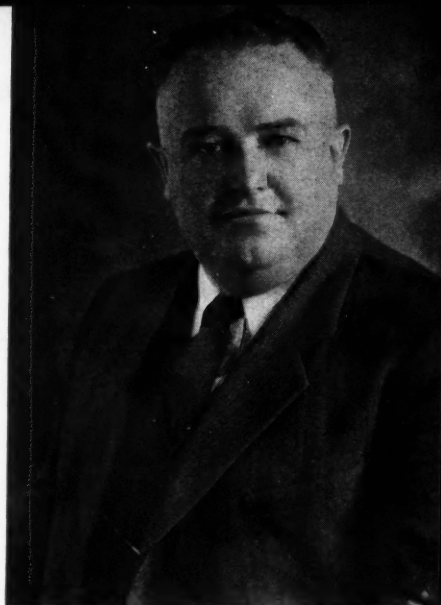


tal survey of a Bedouin tribe, which had an immediate appeal.

Later, through friends of Doctor Shaw's, Doctor Clawson, still pursuing the Bedouins, met and became acquainted with Lawrence of Arabia, the famous author of the SEVEN PILLARS OF WISDOM. Although he had been for years a soldier of fortune, Lawrence seemed at this time to be somewhat depressed and without much enthusiasm for new ventures. When Doctor Clawson asked his advice about making a dental survey of the Bedouins, Lawrence discouraged the idea as rather impractical. But if Doctor Clawson was determined to practice dentistry in the Near East, Lawrence suggested that, as a base of operations, the American University of Beirut would be very satisfactory. He gave Doctor Clawson the address of the Near East College Association in New York.

Doctor Clawson wrote at once, to this Association and asked for the position of director of the school. Day after day, as he waited for a reply, he continued his conversations in London, hoping to turn up some useful information. At last his answer came—there was no opening.

With that Doctor Clawson temporarily turned his face from the East. He went back to Saint Louis in 1929 to open a dental office, but he didn't stop talking about his ambitions, to dental associates, friends, anyone who cared to listen. The rumor that he wanted to practice dentistry in the Near



*M. Don Clawson, D.D.S.*

East became pretty well spread around Saint Louis, which turned out to be a good thing. A few months after his return, Washington University, of which Doctor Clawson was a graduate in 1926, received a request for a professor of operative dentistry to fill a position in the American University of Beirut. Having heard from many sources of Doctor Clawson's interest in this part of the world, the University officials suggested his name, and he was accepted.

Without much delay, Doctor Clawson sailed with his wife for the Near East in September, 1929, completing the tour he had planned for himself, just a little behind schedule.

In Beirut Doctor Clawson found a university campus covered



with sixty imposing buildings, which accommodated 2000 students. It was in reality a branch of New York State University. In the dental department, which was founded in 1910, there were six professors and complete equipment for modern dental training.

One of his first patients was his old friend, "Freddy" Shaw of London, who had become head of the medical department of the Iraq Petroleum Company. Later, as chief dental officer of the Iraq Petroleum Company dental service, he was to work closely with Doctor Shaw for many years.

For four years, until 1934, Doctor Clawson was officially connected with the American University as professor of operative dentistry. Although during the last five years he has devoted the major part of his time to his work as head of the motorized dental service for the Iraq Petroleum Company, he still visits and gives lectures and demonstration clinics in the American University; the University of Saint Joseph, a French institution; and the Dental School of the Syrian University in Damascus, where he must use the Arabic language.

In addition to his dental practice, teaching, and writing, Doctor Clawson, as he planned it, has conducted a dental survey among the nomad Shammar Bedouins of Northern Arabia and the Syrian deserts over a period of several years. These tribes pass over or come close to the pipelines of the Iraq Petroleum Company during

their annual migrations, making it possible to study them carefully. In this work Doctor Clawson has cooperated with an expedition headed by Henry Field of the Field Museum in Chicago. He has also been assisted by Mrs. Clawson in all the stages of this survey. So that they might better understand the Bedouins, the Clawsons have spent months living in the crude, black Bedouin tents woven out of the hair of goats and camels. They have also adopted, temporarily, the native diet of the Bedouins.

Besides aiding in the dental surveys and gathering anthropological data from the tribesmen, Mrs. Clawson collects specimens of rare birds for the Field Museum, where she was specially trained for this work. Together, the Clawsons have visited annually the important archeological expeditions in the Near and Middle East, and Doctor Clawson has spent considerable time in preparing interesting and accurate descriptions of ancient specimens of dentistry.

Although Mrs. Clawson can adjust herself to the native ways of the Bedouins, her life in Beirut furnishes an extreme contrast. There she presides over a modern home and mingles easily with the most cosmopolitan society in the world. Her eight-year old daughter, who was born in Syria, highly approves of the kind of education she has been receiving in the schools of Beirut.

To Doctor Clawson dentistry in the desert is not work, it's just a

pleasant hobby. Even ordinary technical procedures, under these novel conditions, take on a certain glamour and an element of the unexpected. One can never be sure just how a Bedouin is going to react.

Conversation is an extremely important part of Doctor Clawson's life in the desert. There his friends range from Christina P. Grant, the English author of *THE*

*SYRIAN DESERT*,<sup>1</sup> to the diplomats of many foreign countries. In this remote part of the world the diplomats talk freely of their problems. Through his associations with them, Doctor Clawson has become so well informed that in conversation he drifts easily from dentistry to world affairs. To Doctor Clawson there is nothing dull about dentistry or life in the desert. Despite the war, he sailed back to Syria on October fourteenth.

<sup>1</sup>Grant, C. P.: *The Syrian Desert*, New York, MacMillan Company, 1938.

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### NEW ZEALAND HAS DENTAL HEALTH PLAN

An interesting plan for dental health has been set up and is now in operation in New Zealand. The government has undertaken the dental care of school children and has developed a special personnel for the purpose; namely, school dental nurses. These are young women who are well educated, according to university entrance standards, and then undergo an intensive two years' training in the government's own training school under a staff of specially selected dental surgeon instructors. These dental nurses are then drafted out to the school dental clinics throughout the country. Here they keep the children dentally fit and teach them the principles of oral hygiene. They work under the direction and general supervision, but not immediate supervision, of dental surgeons. These school dental nurses are trained to care for the children not only during the pre-school period, but also in the primary school years, equivalent to grade schools in the United States.

"When we commence systematic treatment for high schools, which we hope to do in a few years, we envisage using the services of dental surgeons," Doctor T. L. Saunders, Director of the Division of Dental Health in New Zealand, said recently in discussing this plan. "I do think, however, that the pre-school and primary school service is essentially work for women not men. Not only are women fitted psychologically to handle children, but the economic side has to be considered. This short two years' course is naturally followed by a lower scale of remuneration than a five or six year course. It has been our experience in New Zealand that these dental nurses, with two years' training, are well fitted to deal with pre-school and primary (grade) school children."

# CASE COMPLETED—

1939

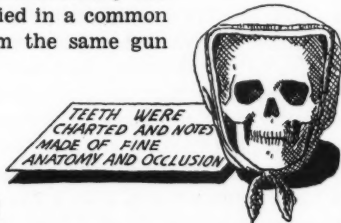
by WALTER H. JACOBS, D.D.S.

## CASE HISTORY NUMBER ONE\*



**JOSIE W**——; aged 12. Healthy, active child, born in suburbs of Warsaw and lived on farm all her life. No serious childhood diseases; diet excellent, rich in vitamins, milk and dairy products. During the spring of 1939 the child was taken to Warsaw and examined at a public dental clinic. Her teeth were charted and notes made of their fine structure, anatomy, and occlusion. Models were made of Josie's teeth for demonstration purposes, they were so beautiful. A small occlusal pit cavity was found, prepared and filled with amalgam. Josie was instructed in oral hygiene and was given a toothbrush and dental powder by the clinic. She was thrilled by the fine treatment she received and promised to take good care of her teeth.

In the German advance through Poland (September, 1939) Josie's father refused to move off his farm which had belonged to the family for many years. One day a German 12-inch railroad gun, firing a shell of 700 pounds over a distance of 20 miles, was brought up into range and its first shell hit Josie's farm. At the time the little girl was looking after the livestock. A shell splinter decapitated Josie, hurling her head hundreds of yards into the near-by woods. After the cannonade a local searching party gathered up the bodies and their broken parts. Because of the terrible explosions and deadly fire none was identified—all were buried in a common grave. The next day a shell from the same gun scored a direct hit on the dental clinic in Warsaw, destroying the building and, of course, with it the models of Josie's perfect teeth!



Case completed September, 1939!

\*Four case histories describing modern European dentistry—its remarkable ability and futility.

## CASE HISTORY NUMBER TWO



ROGER S——, oldest son of Lord and Lady S——. Roger was born in 1914 on the family's estate in Coventry. Health good, oral hygiene excellent, teeth strong, few restorations, occlusion normal. He passed through the usual English public school system, a private tutor till age 10, and then on to Harrow where his father and grandfather had matriculated. From Harrow, Roger went to Oxford with special study to qualify him for service in the Home Office.

While boxing for Oxford in the bouts against Cambridge, Roger had his upper left lateral incisor fractured midway between the apex and cervix. The root was removed and, during the Christmas vacation that year, a splendid restoration was made by his London dentist (three-quarter crown on the left cuspid carrying a pontic—porcelain facing—lug resting in groove in inlay on distal of left central incisor—no gold showing—color, occlusion, functional and esthetic requirements perfect).

During the August, 1939, crisis Roger enlisted in the Royal Air Force and was sent to Cranwell for training. In the advance flying maneuvers he attempted a power dive. An aileron of his single seater "Spitfire" snapped (sabotage suspected and later verified) and, coming down out of control, he and his machine hit the cold grey waters of the North Sea at an estimated speed of over 300 miles per hour. Two days later an English destroyer picked up parts of the wreckage and a portion of the body; head and trunk. The face, due to the protection of the goggles and crash helmet, was virtually unmarked. The dental restorations, particularly the bridge replacing the upper left lateral, were checked with the accurate records of the Air Force's medical department and the body of Roger S—— was positively identified!



Case completed September, 1939!

## CASE HISTORY NUMBER THREE



SIGMUND VON H——, son of Colonel Von H——, Field Artillery. Sigmund, at the age of 14, was referred to an orthodontist in Berlin because of a severe facial deformity. Health good, body strong and well formed. Permanent teeth in good condition but severe malocclusion (class II, division 1) had so affected the boy's expression as to make him self-conscious and sensitive. A strong anti-social complex had developed because of his peculiar appearance.

Treatment instituted: lower dentition developed anteriorly, upper dentition developed posteriorly—intermaxillary elastics—myofunctional therapy. Three years later the case had reached a stage of passive treatment and retention. The teeth were in their normal occlusion—features pleasant. The young man is much pleased with himself and his appearance. His entire outlook on life has changed for the better; he now makes friends easily and has become quite a social creature.

At age 20 Sigmund Von H——entered Bonn University specializing in mechanical engineering. A few years later he joined up with his father's regiment. He was commissioned a lieutenant and stationed with the tank corps. He soon became an authority on tank construction and operation and, because of his skill in tank design and tactics, he won rapid promotion and many military decorations. In September, 1939, during the German drive into Poland, Sigmund Von H—— personally took command of a light tank to lead his squadron in action. A battery of Polish anti-tank guns opened fire. Several steel penetrating shells pierced his tank, shattering and igniting the petrol and oil compartments. Before all this can be described, the tank became a raging furnace. The fate of Sigmund Von H—— and the one other member of the crew can only be surmised. All that was found when the smashed tank cooled off two days later was charred bones and a badly scorched leather jacket!



TEETH WERE IN  
NORMAL OCCLUSION -  
FEATURES MOST PLEASANT -  
OUTLOOK ON LIFE CHANGED  
FOR BETTER, NOW MAKES  
FRIENDS EASILY.

Case completed September, 1939!

## CASE HISTORY NUMBER FOUR

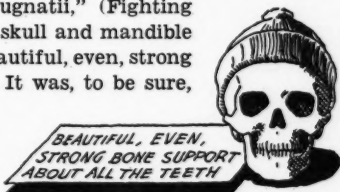


PIERRE D——, electrician, born Marseilles, France, 1910. Middle class family, health normal. Heavy smoker, oral hygiene poor, much stain, debris and calculus. At age 22 Pierre first noticed a mobility of his lower anterior teeth. His dentist informed him of his severe periodontal condition and instituted treatment. As a result of the splendid technique of the dentist and fine cooperation of the patient, the gingivae were brought to healthy condition in a few weeks. The patient was conscientious in home care and after treatment; and mouth returned to a normal, healthy state.

In August, 1939, Pierre D—— enlisted in the French navy and, because of his special knowledge of electricity and motors, was assigned to the submarine service. In a dive off the French coast his sub hit a free mine, was busted wide open, and sank to the ocean floor, 40 fathoms. Because of the war no salvage operation was possible.

Aeons of years later, during the slow geologic evolutions and convolutions, when what was the ocean floor off the French coast became the plain of another, as yet unnamed land, a party of geologists came upon a gigantic, queer, broken, metallic, egg-shaped mass. Inside this peculiar tomb was found complicated machinery and about 40 skeletons, well preserved, of an extinct race, known to the anthropologists of the day as "Homo Pugnatii," (Fighting Man, 5000 B. C.—3000 A. D.). The skull and mandible of one of the skeletons showed a beautiful, even, strong bone support about all the teeth. It was, to be sure, Pierre's! This skull and mandible was carefully packed and sent to the National Museum of Natural History as a rare specimen.

Case completed 8136 A. D.!



## CONCLUSION

It is interesting to note that while man has conquered certain biologic forces—has mastered intricate techniques that improve the health, esthetics, and function of the human face and mouth—has made his personal life happier and healthier—he has not as yet learned the fundamental law of what he calls civilization; that is, how to live at peace with his neighbor! This makes contemplation of another problem most interesting, to wit, "Is dentistry of any great importance in life today?"

124 West Ninety-Third Street  
New York, New York

# *Keeping Patients is an Art,* **NOT AN ACCIDENT**

by FANNIE T. GOLDSTEIN

THE DENTIST SHOULD be as good a tactician as he is a technician. An ill-placed word can do far more damage to the good will of a patient or a clientele than a poor inlay. Tact in the dentist's office begins at the moment the patient crosses the threshold. It covers everything from your inquiry as to when he first began to feel the shooting pain in the lower part of the jaw to your concern over the difficulty in arithmetic that his little Johnny is having in school. The dentist's artistry lies in the personal approach and his skill in handling the whole man, the mind and heart of the man behind his teeth.

What promised to be the "beginning of a beautiful friendship"—and a most lucrative association—between one patient and his dentist ended abruptly when the dentist thoughtlessly made a derogatory statement about the man's religion. Even the assurance of his great skill in diagnosis and treatment failed to bring that patient back. If you must argue, make sure that it is not with a patient. Learn to avoid controversial subjects on which he may have strong convictions and on which you hold equally

strong — and opposite — ideas. People have been known to switch from the dentist they have used for years just because their dentist had to have the last word. After all, winning an argument, but losing a patient as a result, is bad business no matter how you look at it.

The modern patient is willing to look with a most friendly eye upon his modern dentist. His generation has been brought up to consider his semi-annual visit a routine matter, not an ordeal to be guarded against prayerfully. His original choice of a dentist may have been due to circumstances beyond his control, such as being brought to the family dentist by his mother when he was just a child. But when he reaches the age of consent, he can, subject to the limit of his pocketbook, choose his own, and he will view his dentist in the critical light of his personality as well as his professional competency. For the personality of the dentist is a major factor in his patient's decision.

The dentist's professional personality should be adaptable—almost chameleon-like in its changeability, if necessary—in order to make the proper ap-

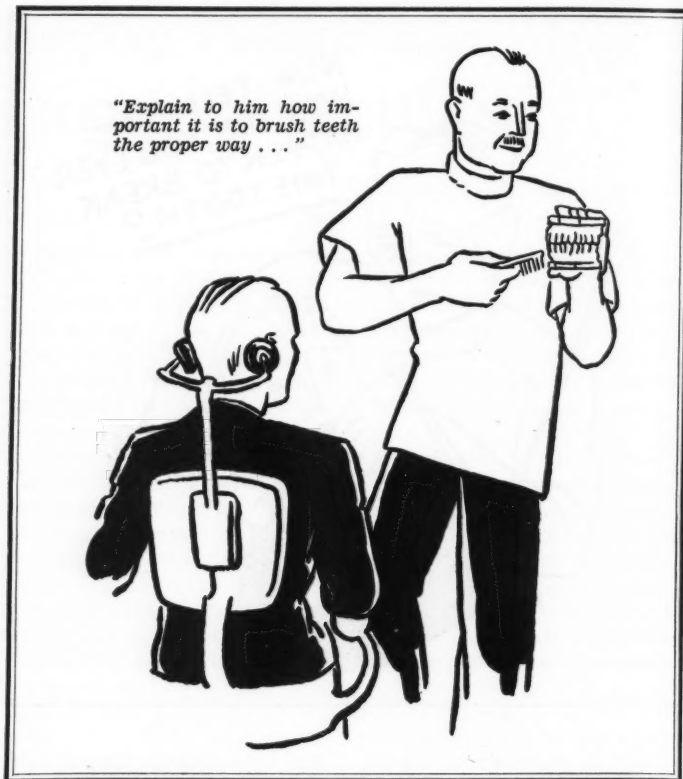




proach to each one of his patients. For each one is an individual, with his own peculiarities of personality and his own series of problems to face. These problems, physical and mental, mold his personality and vitally affect his health. The dentist, therefore, must have insight into his patient's mind and feelings as well as statistical information as to his age and present condition of economic servitude. Study each patient carefully so that you can recognize how best to get him to reveal all necessary information,

how to encourage him to relax completely, and how to gain his utmost confidence. Study your own mannerisms for evidences of possible annoying little habits. Do you ask the patient questions while using the drill in his mouth? Do you repeat your pet jokes ad nauseum? Is your humming really a pleasant accompaniment to the action of the cleaning brush? Do you take care not to breathe into his face? After all, even the dentist can have "halitosis."

If the visit is a first one on the



part of an adult patient, capable of forming his own judgment, it is even more important for the dentist to make that first visit an agreeable one. Once a patient, always a patient, is such a common situation that it behooves the dentist to make that all-important first occasion a model display of his best technical competence and his most charming and friendly personal manner. Many people are so impressed

with their dentist's ability that they will come back to him, even after they have moved out of town. The inconvenience of coming back is considered well worth while, because of the knowledge that they will be treated right on their return. And the belief in the dentist's ability is made up, to a surprising degree, of elements that are personal, not technical at all.

Naturally the dentist as an in-

dividual is concerned with his own personal problems. It is fatal, however, to permit self-interest to overshadow the needs of the patient. Primarily, the patient wants real interest to be shown in his difficulties. He wants sympathy and adequate and careful attention. He wants information, clear information, as to just what ails him, and just what he himself can do to aid the treatment. If he understands fully how much or how little he can do for himself, he will be glad to follow instructions and give the necessary cooperation. Explain carefully how important it is for his own good that he brush his teeth the proper way or massage his gums with care, how good teeth and good health are inseparable and require daily treatment at home as well as regular visits to the dentist. Make the patient see, for instance, that improper brushing is almost as useless as no brushing at all.

### Study Patient's Interests

Do you know wherein your patient's interests lie when he leaves your office? After all, he probably does more than eat, sleep, and work. Even if he appears to be lethargic and concerned with nothing more than his pyorrhea, while sitting in your chair, he may have any number of interesting hobbies or vocations that take up his time after business hours. In that direction lies your opportunity to find out more about your patient than your diagnostic record card can

ever reveal. He may be a bug on photography or he may be a bug of the "jitter" variety. And even dentists, you know, are amenable to "swing!" His hobby may be travel, or tropical fish, or just his home and family. These are angles of approach to which he will respond easily and willingly. You can follow your patient's absorption in his hobbies and encourage their development by your interest; thus helping to round out his personality. His teeth are only part of the whole man and cannot be isolated from the rest of his bodily and psychological make-up.

It is well for the dentist to broaden his interests as much as his time and physical capacity permit. Of course, the progressive dentist is a member of his professional organizations, and he makes constant efforts to read his professional literature and to keep well-informed on new developments in his field by further study from time to time. It is well to let his patients know that he is doing this, as such knowledge increases their confidence in him. But it is also advisable to join groups that are general or civic or social in character in order to widen his own horizon, to get acquainted with people outside his profession, and to let them know him. Such connections are important elements in one's development of personality. Ease in meeting people in group life develops poise in meeting the individual patient when he comes into the office and sits down in

the dental chair. It makes his mind and emotional reactions approximate some of the familiarity his open mouth holds for the dentist.

The saying that "to make a friend it is necessary to be a friend" is thus particularly applicable to the profession of dentistry. Even a slight token of friendship, such as a Christmas card, is remembered and gratefully appreciated. Some dentists extend this idea further by sending greetings when on vacation.

Keeping patients in mind when off duty is certainly flattering to their ego. Little things of this type help to make and keep a loyal patient. He feels that you have a genuine interest in him, an interest real enough to indicate that you are and always will be his friend. Build up your professional life on this basis and your personal life will be far richer and happier.

27 Stanwix Street  
Albany, New York

### A CENTURY OF DENTISTRY IN REVIEW

Over the road that dentistry has traveled for 100 years, dentists will look back with satisfaction when the Dental Centenary is celebrated from March 18 to 20, 1940 in Baltimore, Maryland. Universities, colleges, and scientific groups throughout the world are uniting to commemorate the founding of the first dental college in Baltimore and the first dental journal. Each evening a pageant will be presented to portray the founding of the profession and significant events in its history. Fifty-four professional men of national reputation are to preside over and lecture at eighteen sessions in which every branch of dentistry will be represented. Thirty motion picture films on a wide variety of dental subjects are being prepared for use throughout the sessions. Everything unique in the way of antique dental equipment that can possibly be located will be presented in a suitable setting in the exposition hall. Complete details on this program, which will review 100 years of dental progress and chart a future course, can be obtained from B. Lucien Brun, General Chairman of the Dental Centenary Celebration, 827 Park Avenue, Baltimore.



*Chicago (Illinois) Tribune:* Permitting a child to sleep face down, lean on his hands, breathe through his mouth, suck his thumb, or eat only soft foods will make work for the orthodontist, according to Doctor George W. Hahn, professor of orthodontia at the University of California. In a talk before the Edward H. Angle Society of Orthodontia in Chicago, Doctor Hahn blamed these harmful habits for the increase in malformed teeth and jaws. He pointed out that face sleeping is dangerous because it puts a strain on the flexible jaw bone, which is not physically designed to maintain the weight of the head.

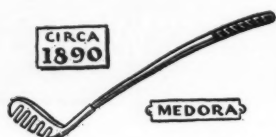
*Kalamazoo (Michigan) Gazette:* As an aid to diverting child patients, Doctor O. C. Osborn of Kalamazoo has introduced a hive of bees into his dental office. He has secured the lively population between pieces of boxed glass about 16 inches square, 3 inches apart, and set the whole thing up in the window in front of the

chair. A tiny hole in one of the sides near the bottom leads into a tunnel which opens outside the window. Through this the bees come and go to carry on their hive activities in full view of the young patient in the chair. It is not only the younger patients who become absorbed in the hive. Doctor Osborn reports that several adults, who at first laughed at the idea, ended by becoming more concerned about the next egg the Queen would lay than they were about getting their inlays fitted.

*New York (New York) World-Telegram:* A method to control the depth of x-ray photography so that any desired section of the body can be pictured and other parts "blotted out" was exhibited before the Golden Gate Dental Congress by Doctor Alexander Petrilli of San Francisco who has adapted it to dental practice. The method enables the operator to take pictures that give a "sliced" effect. For instance, a film can be made of the section of a jaw

a fraction of an inch beneath the surface, or of the lungs three inches inward from the skin.

*Fargo (North Dakota) Forum:* An old-time golf club, which looks as if it would be more effective for cleaning up the front lawn than trying to get a golf ball out of a trap, has just been donated to the Fargo Country Club by T. L. Stangebye, a dentist of



Mott. For years he and a friend had been tracing this relic and finally found it up in Medora where Theodore Roosevelt once owned a ranch. The club is a Wright and Ditson affair, patent pending, and the original hickory shaft has a better curve in it than any smothered hook a golf fan has ever seen.

*San Francisco (California) Call Bulletin:* The vital importance of advanced dental services or oral surgery in the war that is now going on in Europe was stressed by Doctor V. H. Kazanjian of Harvard University speaking before the Golden Gate Dental Congress in San Francisco. "Few realize the part played by dentistry in the relief of suffering and the prevention of disease at the front in modern warfare," said Doctor Kazanjian, who spent four years in France during the last world war. "A regular dentist's laboratory is maintained at the base, and if a man has a toothache, he is sent back for treatment. Because for every treatment,

several days on the battlefield are usually lost, preventive work is emphasized. I predict that dentistry and the new methods of facial surgery developed during the past twenty years will be among the most significant medical fields in this war."

*New York (New York) Post:* For three years Frederick Nolte, 34, enjoyed the placid life of a hermit in a heavily wooded section of Staten Island; then he had a toothache which drove him back to the civilization he hated. To get relief, he burglarized the office of Doctor Dean Smith, 5 Rose Avenue, New Dorp. The hermit carefully selected the dental instruments he thought he would need, a hypodermic syringe, and some ampules of local anesthetic. The theft of the instruments aroused the suspicions of the police who had heard about burglaries before in the neighborhood of Nolte's hermitage. Following four days of searching, they came upon his pup tent pitched in the center of a wooded swamp. After calling out helpfully to the police, "The Yanks won," he readily admitted taking the dental instruments to fill two of his teeth, extract two, and make three "false" teeth. The hermit, when interviewed by the police, was dressed in white shoes, a clean white shirt, and a well-pressed suit, an outfit which he had selected at odd moments in the better department stores.

*San Francisco (California) Chronicle:* To University of California dentists at Berkeley, a great opportunity to study the most common of human diseases, dental caries, has been offered. Students numbering

5,105 have been examined, 265 of whom were found to have perfect teeth without restorations or dental caries; a 5 per cent incidence of perfect teeth, which is an exceptional record. During the next four years, these 265 students, who are mostly freshmen, will be the subjects of close observation and study by dentists. Examinations will be made regularly at the Cowell Memorial Hospital by Doctor Donald Horner and members of the infirmary dental staff using funds voted by the regents of the University.

*St. Louis (Missouri) Globe Democrat:* Personal dentist to General and Madame Chiang Kai-Shek and many other prominent Chinese, Doctor Daniel J. Collins often has to follow his patients into dangerous war zones when they need his services. For thirteen years, Doctor Collins has been a leading dentist in



Shanghai, where he serves patients from twenty-eight nations. Despite the ruins one sees about, Doctor Collins reported on his recent visit to the United States, that Shanghai has resumed almost its normal life. The Chinese are confident of ultimate victory in their struggle with Japan and, although it may require thirty years, they are planning to hold out, according to Doctor Collins.

*San Francisco (California) Chronicle:* "Women dentists seem unusual

only to the uninformed public," Doctor E. Pearl Hannah of Palo Alto said recently at a San Francisco meeting in discussing the position of women in the dental profession. Three other women dentists, of California's 125, Edith Keyes Weston of Fresno, Josephine McIntyre Frisbie of San Francisco, and Hazel Merrick of Los Angeles, joined with Doctor Hannah in discussing the feminine aspects of the profession. Doctor Hannah pointed out that with the nursing and teaching professions rapidly becoming overcrowded, young girls might well consider the dental profession. Doctor Weston added that "Women in general dentistry are doing an excellent job. The work of women, judged piece by piece with that of the average male dentist, will compare very favorably."

*Chicago (Illinois) Daily Times:* Paul Wehner, dentist and famous bone mender, thinks he can save C. L. Howard's Sorteado for the stud. The Argentine-bred horse broke down last month and smashed a sesamoid bone in his right foreleg. Veterinarians are wondering whether the four-year-old can be kept on his feet indefinitely or must be destroyed. Doctor Wehner has successfully mended similar breaks in legs of six horses at his sixty-acre farm near Vernon, Kentucky. In his treatment, Wehner uses a cast constructed of dental stone. The cast is molded to fit the broken limb, and it relieves the pressure of the horse's weight while the bone knits.

*Fairmont (Minnesota) Daily Sentinel:* T. P. Hagerty, for thirty years a practicing dentist in Fairmont, has deeded his fine 240 acre farm near



Eyota to Father Flanagan's home for boys. Doctor Hagerty, who now lives with a relative in Saint Cloud, made this generous contribution in order that his property might for all time be of assistance to homeless boys.

Father Flanagan's home is a unique self-governing institution, provided and maintained only by voluntary contributions. It is located at Boys' Town near Omaha, Nebraska, where more than 4,000 homeless boys have been cared for and trained to be good citizens.

*Indianapolis (Indiana) Star:* Omer A. Dynes, a dentist living at 5745 Winthrop Avenue, won the grand prize of \$500 awarded by the Red-



book *Magazine* for the best photograph of the year. The study he entered was of a work horse in a pasture. Previously he had won a first prize in the magazine competition.

*Cleveland (Ohio) Plain Dealer:* Detailed reference to the research carried on for years by Weston A. Price, a Cleveland dentist, was made in the October issue of *Harper's Magazine*, following soon after the publication of Doctor Price's latest book *NUTRITION AND PHYSICAL DEGENERATION*, in the foreword to which Earnest A. Hooton, famous Harvard anthropologist, says:

"Since we have known for a long time that savages had excellent teeth and that civilized men have terrible

teeth, it seems to me that we have been extraordinarily stupid in concentrating all of our attention upon the task of finding out why our teeth are so poor, without ever bothering to learn why savages' teeth are so good.

"Doctor Weston Price seems to be the only person who possesses the scientific horse sense to supplement his knowledge of the probable causes of dental disease with a study of the dietary regimens which are associated with dental health."

In *Harper's Magazine*, Doctor Walter C. Alvarez, writing on WHY CAN'T WE HAVE PERFECT TEETH? quotes the work of Doctor Price extensively and concludes: "From this it would seem obvious that if civilized man wanted good teeth enough to pay the price he could have them by eating, almost raw, more of the insides of animals and of fish."

Commenting on this statement, Doctor Price, many of whose articles on nutrition have been published in *THE DENTAL DIGEST*, said that the emphasis is considerably misplaced, as there are other ways of adding the necessary nutritive elements to our diets, which will be found much more satisfactory to our way of life than adopting the native diet of the Eskimo or the Indian.

*Melbourne (Australia) Sun News Pictorial:* At an art show given in the Victoria Artists Gallery by the



Plastic group of which he is secretary, sculpture by Val Blogg, a den-

tist, who practices at Caulfield, attracted wide attention. Under the title "Dentist," Doctor Blogg's sculpture showed his conception of how

the dentist sees the patient and then how the patient views the dentist. The effect was somewhat startling from either angle.

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Readers who have received awards for contributions to DENTISTS IN THE NEWS this month are:

W. LESTER WEBB, D.D.S., 207 Porter Building, Fairmont, Minnesota

S. J. HEETKO, D.D.S., 1943 West Forty-Eighth Street, Chicago

MISS HELEN V. DOCON, 2 East Elm Street, Greenwich, Connecticut

R. E. MUNN, 300 Rose Building, Toledo, Ohio

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### CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in this department*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be acknowledged or returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

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### THE COVER

This month, ORAL HYGIENE's cover is dedicated to the Denver Dental Association and its thirty-third annual Rocky Mountain Midwinter Meeting, which will be held in Denver at Shirley Savoy Hotel, January 7-10. The natural color illustration is a reproduction of a Kodachrome taken by William O. Mussey, Jr., of Denver. It is a scene in Denver's City Park early in the winter, just after the first snowfall. Yellow leaves may still be seen on some of the trees.

# Editorial Comment

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GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO  
ARGUE FREELY ACCORDING TO MY CONSCIENCE  
ABOVE ALL LIBERTIES. *John Milton*

## THE HOURS OF DENTAL LABOR

A DISQUIETING LETTER from a dentist in an eastern state is given over to a complaint regarding the hours of labor in the dental office. This dentist works six days a week, three days from 9:00 to 9:00, two days from 1:00 to 9:00, and on Saturdays from 9:00 to 4:00. He spends a total of fifty-nine hours each week in the dental office, including five evenings a week. This man asks what he should do. The first thing he should do, it would seem, is to give himself a dose of self-discipline. Despite what the fellow in the next corner does and how many hours he puts in, this dentist should set a working schedule for himself and stick to it. No man practicing an exacting profession that requires such careful use of the eyes, such steadiness of hand, such judgment, should spend more than the hours that industry has found to be productive. Forty hours a week is enough for anyone to work, and in a profession like dentistry the margin of diminishing returns sets in after the forty-hour period. The relationship between fatigue and efficiency is well known to all of us. We know we can't drive a car well, if we are fatigued. Our eyesight isn't as good, our judgment suffers, our reflexes are sluggish. When we work longer hours at the dental chair than the barber or even the farmer, when there is a combination of an exhausted operator, artificial light, and a tired patient, we can be very sure in stating that efficient dental procedures do not result from this unhappy combination.

In explaining to patients why it is necessary to do dentistry in the daytime, or at least most of it, we need not expect great resistance, if we are truthful. The truth is simply this: no patient ever gets his money's worth in dental treatment performed after the margin of diminishing productivity sets in. It is well enough in those practices serving working people to devote two or three evenings a week to patients who positively cannot come in daylight hours, but even those persons who insist that they must come in these two to three evening periods a week should be told that they are not getting their money's

worth. Without self-discipline, it is easy for us to make ourselves slaves to the whims and demands of patients. The earlier the patient is taught in his relationship with the dentist that we are the ones to diagnose, prescribe, and as well indicate the conditions and the hours under which the operations are to be performed, the better our relationship will be with patients.

Working five evenings a week on a fifty-nine hour schedule is essentially a phenomenon of great metropolitan areas. It is not uncommon in driving down the streets of great cities at ten or eleven or even twelve o'clock at night to see dental offices lighted and to see stooping, white-faced dentists still at work. When one asks these men why they put in these gruelling hours of labor, the answer that comes back is, "I have to do it, or the fellow around the corner gets the business." There is too much fear among all of us about "the fellow around the corner," what he does, what his hours are. The earlier we learn in our professional lifetime to think less of the fellow in the other corner and more of the fellow in our own office, the better off we'll all be. The fellow in our own office owes it to himself to conserve his health, he owes himself some pleasure, and he owes his family some of his company. If it takes fifty-nine hours a week for a man to make a living in dentistry it is time that he gave thought to changing to some other vocation, because no one who works these hours can possibly do dentistry to his own satisfaction or to the satisfaction of the persons served. Self-discipline, regularly enforced, is the only solution.

Attempts in communities to set up minimum fees and maximum hours for dental practice have not been overwhelmingly successful, probably because there have been no methods of enforcement of these agreements. There can be, however, an insistent and continuous sentiment expressed in dental societies on this subject, and certainly more discussions on the matter should be on the agenda of all dental societies. By constant repetition, by free and frequent debate, it should be possible for dentists to set up gentlemanly agreements among themselves regarding maximum hours and minimum fees. Nothing would probably do more to encourage non-member dentists to become members of dental organizations than a definite effort on the part of dental societies to help improve the economic lives of dentists.

*Edward J. Ryan*

# Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

## Vincent's Infection

Q.—I am enclosing a medical report of a patient taken in 1937. I saw the patient first in July, 1936. Clinical examination showed nineteen cavities and Vincent's infection; the latter being verified with smears; gums were spongy, bled readily, no ulcers; purple blue tint in gingiva throughout.

I gave a thorough prophylaxis and used topical applications of salvarsan, .6 gms. per ounce of glycerine, every other day for two weeks, with no improvement. I instructed this patient in careful and thorough use of the toothbrush and home treatment with sodium perborate at least six times daily. Also had the patient take, daily, at least one pint of orange or tomato juice.

The patient eats a balanced diet and has a good appetite but he looks delicate. He says he feels well and is seldom ill. He does not drink alcoholic beverages, and smokes with moderation.

I used succinimide of mercury every other day for six treatments and still found no improvement; I checked with smears.

During this treatment, I restored teeth anatomically with silver restorations, being particularly careful to leave no overhanging margins.

Finally, I sent the patient to a physician whose report is inclosed.

I have taken smears periodically since and in every case the report

comes back positive Vincent's infection showing many bacteria.

Can you help me?—B. K., New York.

A.—You seem to have handled the case described with skill and care.

While we have found a marked susceptibility to caries in hypothyroid cases, we haven't had any soft tissue complications, so I would think that these conditions are not related in your case.

We have not failed to clear up a Vincent's infection case, when we've had the patient's cooperation. We've had some cases of young women who wouldn't either give up or markedly limit their cigarette smoking in which cases we were unable to eliminate the Vincent's infection. One girl gave up cigarettes after four years of Vincent's infection and she has had none since.

We use succinimide of mercury, but we also in conjunction therewith do a great deal of scaling and polishing. We also step up the calcium intake and Vitamin C in the form of citrus fruit.

It might be helpful to change your local treatment to 5 per cent chromic acid and hydrogen dioxide used in the following manner: Block off the teeth with cotton rolls and put a small amount of

the chromic acid in each interspace of one quarter of the mouth. Immediately put a drop of hydrogen dioxide in each of the same interspaces. This will result in a black fluid. After going over the whole mouth in this manner, add another drop of hydrogen dioxide to each interspace when there will be almost no black fluid. Do this daily for six days when you should get negative smears and a clinical cure.—GEORGE R. WARNER.

### Enamel Eroded

Q.—I have a patient who takes hydrochloric acid, but she takes it through a quill, and takes every precaution to keep it from getting on her teeth. Her teeth are not sensitive, but on the lingual of the upper four anterior teeth the enamel is eroding. It is not a decay, and it does not come from occlusion with the lower teeth. It just seems that the enamel is disappearing, and the patient says it feels rough. If it is coming from the acid, then why do not the lingual surfaces of the other teeth feel rough, and why is there not this erosion? There is positively no sign of any erosion on the lingual of the lower anteriors. The patient is a woman, unmarried, 55 years of age.—W. I. H., North Carolina.

A.—Your letter is most interesting to me for I have been taking hydrochloric acid for seven years and have lost the lingual enamel from my six anterior maxillary teeth. I too took it through a glass medicine tube under the false idea that I was protecting my teeth, but I found the enamel going, so I did a little experimenting and found that the tongue carried the acid against the six anterior maxillary teeth.

I then tried covering these

teeth with a base plate wax while taking the acid. This worked fairly well, but did not afford complete protection. I'm now trying a denture made of vulcanite rubber covering the roof of the mouth and velum rubber over the teeth and buccal and labial surfaces of the gums. One denture for a patient seems to be a success, but mine is not quite tight enough, and I am just about to post-dam it in an effort to obtain a complete seal.

People who drink the hydrochloric acid take the enamel from the labial surfaces of the anterior maxillary teeth, particularly the incisors.—GEORGE R. WARNER.

### Lisping

Q.—My patient is a woman of 65. Her teeth were extracted 15 years ago.

She has been wearing dentures since then, but they never did look right. Lately her face has been getting terribly wrinkled with deep creases at the corners of her mouth.

I made new full upper and lower dentures, built up extensively on the buccal side; in fact, they are the thickest I've ever seen. I opened the bite nearly a quarter of an inch; removed nearly all the creases; and the dentures look much better. In fact, she is very proud of them. She claims to be able to eat anything, but there is one fault; that is, she lisps. I've shortened the denture on the posteriors as far as possible and thinned it out on the palate, but still lisping continues.

Now what should I do?—F. M. B., Wisconsin.

A.—Lisping, whistling, or any other speech interference occasioned by dentures will usually be overcome by the patient as the tongue accommodates itself to the new and different contour that the dentures provide.

If in a particular case this is not so, the procedure that I follow would be, in the case of a lisp, to make sure first that the lower denture does not ride upon or interfere in any way with the free movement of the frenum. I would next experiment with different contours of the palate by the addition of wax or trimming the denture. I would first seal a rugapak form to place with wax and let the patient wear it so for a few hours or a few days.—V. CLYDE SMEDLEY.

### Brown Stains

Q.—I have two patients whose anterior teeth are covered with brown stain caused from artesian well water, no doubt very high in flourine content. I wish to find out the most successful treatment that you have used in these cases. I am a graduate from the University of Denver and there they called it Colorado stain.

I read your Ask ORAL HYGIENE department with much interest every month, and it has been a great help to me.—W. A. B., Minnesota.

A.—We have been successful in removing brown stain, or what is now known as mottled enamel or dental fluorosis, by using pyrozone which is a 25 per cent ethereal solution of hydrogen dioxide. It is necessary to adjust the rubber dam on the teeth to be treated. The pyrozone is applied on a pledget of cotton large enough to cover the affected area on a tooth. If a hot spatula is then laid on the cotton, the action of

the pyrozone is accentuated. About three applications can be made at one sitting. Three sittings will usually suffice to clear the stain and there should be a few days' interval between sittings.—GEORGE R. WARNER.

### Full Denture Impressions

Q.—I should be greatly indebted to you if you could give me a brief description of the technique of Doctor Tuller of New Orleans, on full denture impressions, or if you could enlighten me as to where I might obtain this information.

Many thanks for past courtesies extended.—R. M. F., New York.

A.—The Fournet-Tuller technique is too long to be covered under ASK ORAL HYGIENE. You will find it described in detail in the *Journal of the American Dental Association* for June, 1936<sup>1</sup>. But briefly it consists of making an oversized vulcanite tray and cutting it back at the mouth to extend about one millimeter onto the movable tissue all around the periphery. Carefully muscle trimmed modeling compound is now adapted to the vulcanite tray to provide a definite seal on movable tissue all around the periphery. Then a final peripheral seal is assured by flowing a thin layer of black carding wax just inside of the periphery all around.—V. CLYDE SMEDLEY.

<sup>1</sup>Fournet, S. C. and Tuller, C. S.: A Revolutionary Mechanical Principle Utilized to Produce Full Lower Dentures Surpassing in Stability the Best Modern Upper Dentures J.A.D.A. 23:1028 (June) 1936.

### NOTICE

THE ALPHA OMEGA Fraternity is now in the process of publishing a new and complete directory of its entire membership. All fraters are hereby requested to forward their names, office addresses, year and school of graduation to the Supreme Scribe.

WILLIAM RICH, *Supreme Scribe*, 575 Belleville Ave., Belleville, N. J.



# ANNUAL INDEX

Volume 29, 1939

January .....	1—134	July .....	775—902
February .....	135—262	August .....	903—1030
March .....	263—390	September .....	1031—1158
April .....	391—518	October .....	1159—1286
May .....	519—646	November .....	1287—1414
June .....	647—774	December .....	1415—1542

## ARTICLES

Advertising Dentist, January .....	36
Francis Leo Golden, D.D.S.	
Alphabet Soup for Dentists, August .....	931
Walter H. Jacobs, D.D.S.	
A. M. A. Exonerated in Antitrust Suit, September .....	1080
American Dentistry, Coordinating, February .....	161
Staff Article	
Ask Oral Hygiene 60, 191, 322, 440, 573, 701, 829, 958, 1085, 1211, 1341, 1466	
Assistance for the Assistant, April .....	409
Adrienne A. Paradis	
Assistant's Notebook, From a Dental, February .....	183
Dian Gardner	
Bootleg Dentistry in Chicago, September .....	1060
Staff Article	
Can You Afford Not to Do It?, September .....	1069
George Wood Clapp, D.D.S.	
Case Completed—1939, December .....	1450
Walter H. Jacobs, D.D.S.	
Century of Dentistry in Review, December .....	1458
Chicago Guests Before the Camera, April .....	430
Chicago Meeting Essayists Comment, April .....	434
Staff Article	
Children's Dentistry, Honolulu Reports on, May .....	569
Commemorative Stamp, Propose, April .....	417
Conquering the Fear of Price, August .....	921
Jay Voorhies	
Consumer Pays for Health Care, What the, February .....	164
Correcting Bad Habits in Dental Practice, March .....	301
Irwin H. Tulkin, D.D.S.	
Cost of Dental Care, Chicago Survey Shows, March .....	307
Staff Article	
Curing of a "Ham," The, June .....	673
Philip Weintraub, D.D.S.	
Dear Oral Hygiene .....	321, 570, 823, 955, 1207, 1338
Dental Careers Analyzed, October .....	1215
Dental Charts Aid in Identification, June .....	680
Robert T. Mehl, D.D.S.	
Dental Civil War in Georgia, July .....	793
Clinton C. Howard, D.D.S.	
Dental Civil War in Georgia—A Reply, September .....	1049
Ralph R. Byrnes, D.D.S.	
Dental Corps of the U. S. Army, The New, June .....	665
Major H. G. Ott	
Dental Equipment Stolen, August .....	962

Dental Organization Becomes Articulate, A, July .....	817
John W. Cooke, D.M.D.	
Dental Patients Are Such Nice People, June .....	684
I. S. Dinerman, D.D.S.	
Dental Survey Analyzed, Chicago, July .....	799
C. Rufus Rorem, Ph.D., C.P.A.	
Dentist Goes to the Near East, A, December .....	1446
Staff Article	
Dentist Heads Ambulance Corps in France, November .....	1330
Staff Article	
Dentist Leads the Bankers, A, October .....	1184
Staff Article	
Dentist Reports on His Service in CCC Camps, November .....	1305
Clayton H. Blake, D.D.S.	
Dentistry's Great Story Garbled, January .....	25
Howard R. Raper, D.D.S.	
Dentists Are So Conventional, April .....	422
Marguerite McClain	
Dentists at Milwaukee Consider Nation's Health, September ....	1078
Staff Article	
Dentists Features of Good Cities, August .....	961
Dentists in the News .....	56, 188, 318, 438, 566, 696, 826, 952, 1081, 1204, 1333, 1459
Dentists' Incomes Analyzed, July .....	816
Dentists Plan for Disaster Relief, November .....	1328
William DeKleine, M.D.	
Dentists?, Too Few, May .....	557
Louis Wack, D.D.S.	
Dentists Trained Too Well?, Are, March .....	285
George Schneider, D.D.S.	
Dentures by Remote Control, March .....	311
G. R. McLaughlin, D.D.S.	
Dues, Minnesota Recommends Increase in A. D. A., April .....	425
Examination for Appointment in the Dental Corps, Regular Army, November .....	1309
Examinations, State Board, .....	172, 314, 429, 561, 1053, 1200, 1327
Experience Under German Health Insurance, My, May .....	537
Theodor Baum, D.D.S.	
Federal Funds Bring Refresher Course to Kansas, August .....	943
Fee If Any?, What, April .....	418
H. D. Meyer, D.D.S.	
First Hundred Years, The, October .....	1183
Great Britain Protects Absentee Dentists, December .....	1474
Harvard Ends Dental School After Seventy Years, August .....	935
Charles M. Proctor, D.M.D., Sc.D.	
Harvard Medical and Dental School to Merge, July .....	815
Hopkins Addendum—A. D. A. Convention Report, February ....	174
Horace Wells, Opposing Views on, January .....	31
Horace Wells Conquers Pain, December .....	1437
Max E. Soifer, D.D.S.	
Income Tax Trouble, Avoiding, February .....	165
Reuben H. Koenig, D.D.S.	
Jersey City Medical Center, The, April .....	426
William Paul Klein, D.D.S.	
Keeping Patients Is an Art, Not an Accident, December .....	1454
Fannie T. Goldstein	
Kellogg Foundation Plans for Child Health, July .....	803
Staff Article	
Laboratory Mongers at Work, September .....	1065
Staff Article	

<i>December, 1939</i>	ORAL HYGIENE	1471
Licensing for Laboratory Workers, We Need No, February	Alfred Walker, D.D.S.	175
Money Out the Window, November	C. R. Lawrence, D.D.S.	1310
Mrs. Jones Has a Tooth Extracted, March	Max H. Jacobs, M.D., D.M.D.	293
Mrs. Jones Takes Jimmy to the Dentist, November	Max H. Jacobs, M.D., D.M.D.	1318
National Health Program Discussed, February		177
New York Dentist Writes History of States, February		173
New York Previews World of Tomorrow, May	Staff Article	553
New Zealand Dental Health Plan, December		1449
Oakland's Mayor Is a Dentist, October	Staff Article	1201
Pegging the Patients, August	Marguerite McClain	944
Perry Baldwin—"Log Cabin" Dentist, October	Seth W. Shields, D.D.S.	1177
Podolsky, Ray E., D.D.S., Wins Model Airplane Contest, November		1313
Preparing for War-Time Dental Emergencies, November	Max H. Jacobs, M.D., D.M.D.	1314
Professional Building for the Dentist, A, May	L. Morgan Yost, A.I.A.	546
Propose More Dentists, Less Training, January		30
Public Health Dentistry, Course in, March		292
Rockefeller Foundation Reports, The, July	Staff Article	821
St. Louis Offers Dental Care to Low Income Group, February	Staff Article	178
San Francisco Exposition, Dentistry at the, May		561
Shorewood Health Program, The, October	E. C. Wetzel, D.D.S.	1186
Should Dentists Charge Each Other?, January	Margaret Puterbaugh	49
Some of the Dentists Seeing the Milwaukee Meeting, September		1054
Southern California Dental Poster		315, 700, 963
Stating the Nation's Dental Problem, February	Staff Article	157
Stratagems to Aid Practice Building, October	C. H. Puterbaugh, D.D.S.	1194
Summer Courses, Chicago Dental Society, April		421
Tench, Doctor, Suggests Sub-Dentists, July		798
There's More to Him Than His Teeth, January	Hyman Goldstein, Ph.D.	44
Twenty-Five Year Program for Dental Health, A, July	Staff Article	811
Two Years Out of Dental College, June	Jack Shobin, D.D.S.	689
XI PSI PHI, Golden Anniversary of, May		562

## EDITORIALS

The Current Has Not Changed, January	54
Quality Care Is Not Cheap, February	186
Double Standards in Dental Training, March	316
The Open Season for Dental Politicians, April	436
An Integrated Dental Program for Children, May	565
The Postman's Load Is Lightened, June	695

Four Cents a Week Is Not Too Much, July .....	824
Pretenders to the Royal Purple, August .....	950
We Expand Our Public Relations, September .....	1076
"The Shape of Things to Come," October .....	1202
Dental Preparations for National Emergency, November .....	1336
The Hours of Dental Labor, December .....	1464

## LETTERS TO DEAR ORAL HYGIENE

Axelband, Alan A., Discusses Credit Association, October .....	1210
Heyenga, Henry, Radio Station for Dentists, August .....	955
Jacobs, Walter H., Thank You, November .....	1340
Kendrick, John L., Cartoons "Pretenders," November .....	1338
Kimeldorf, A. E., A Dentist—"Ham," May .....	570
King, Alfred T., Compulsory Dental Care, March .....	321
Lange, Alfred D., The Millberry Plan Is Not the Answer, October .....	1207
LeMaster, William, More About Dentures, May .....	572
Osborn, R. L., On Millberry's Proposal, August .....	955
Riethmuller, Richard H., Focal Infection of Dental Origin, Nov. .....	1339
Sanner, C. G., Radio Amateurs, March .....	321
Sattler, Armin, African Footnote, May .....	570
Searing, Ellis R., Dentists Lack Training, October .....	1208
Smith, Anne P., An Assistant Speaks Up, August .....	957
Snyder, P. L., A Dentists' Network, August .....	957
Temme, W. F., Dentures by Mail, May .....	571
Ward, Marcus L., President Ward Comments, March .....	321
Warner, R., Trafficators, November .....	1340
Weisz, Walter S., Training of Dentists, July .....	823
Wendell, Lehman, Comments on Pretenders, November .....	1338

## DENTAL MEETING DATES

Greater New York Dental Meeting, First and Second District Dental Societies, Hotel Pennsylvania, New York City, December 4-8. Address mail to Room 106A.

Denver Dental Association, annual Rocky Mountain midwinter meeting, Shirley Savoy Hotel, Denver, January 7-10.

Rhode Island State Dental Association, annual meeting, Providence, January 17-18, 1940.

Greater Philadelphia Society, annual meeting, Benjamin Franklin Hotel, Philadelphia, January 30-February 2.

Chicago Dental Society, midwinter meeting, Stevens Hotel, Chicago, February 12-15.

Minnesota Dental Association, annual meeting, St. Paul Auditorium, St. Paul, Minnesota, February 27-29.

Louisiana State Dental Society, sixtieth annual meeting, Monroe, Louisiana, April 18-20.

New Jersey State Dental Society, annual meeting, Berkeley-Carteret Hotel, Asbury Park, May 8-10.

Dental Society of the State of New York, annual meeting, Hotel Statler, Buffalo, May 14-17.

Five State Post Graduate Clinic, eighth annual meeting, Willard Hotel, Washington, D. C., May 19-23.

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## STATE BOARD EXAMINATIONS

New Jersey State Board of Dental Examiners, annual examinations, December 11-16, inclusive. Complete information may be had from the Secretary, Doctor Walter A. Wilson, 148 West State Street, Trenton, New Jersey.

California State Board of Dental Examiners, annual examinations, commencing December 4, College of Physicians & Surgeons, San Francisco, California. For information write to Doctor Kenneth Nesbitt, State Building Annex, San Francisco.

## GREAT BRITAIN PROTECTS ABSENTEE DENTISTS

To protect the practices of absentee practitioners who have been called for service in the national emergency, a unique plan is being developed in Great Britain. This scheme to relieve dentists of worry about their practices is based on the idea that as many as possible of the dental practitioners in the dental area shall enter into an agreement that they will not attend the patients of an absentee practitioner except according to the terms laid down in this plan.

These terms are that each dentist will refuse to accept *on his own behalf* any patients of an absentee practitioner until after the expiration of one year from the absentee's return; that in the event of the death or permanent incapacity of an absentee practitioner, he will continue to attend patients of this man under the terms of the plan for a period of one year, or until appointment of a successor.

The income from the practice of the absentee practitioner shall be taken to be the actual cash receipts for the services rendered for the acting practitioner on behalf of the absentee. The money will be so divided that the practitioner receives three-fourths of the fee, and one-fourth is to be kept for the absentee. The acting practitioner will be required to enter details of service charges on a card supplied by the Bureau in charge of the plan.

It is recommended that a communal scheme be undertaken by all practitioners in each area. In certain circumstances a practitioner may prefer to nominate a dentist to act on his behalf in his absence. If he enters into such an arrangement, it will still be necessary for him to deal under the communal scheme with such patients as do not wish to select the practitioner named.

---

## THE A.D.A. RELIEF FUND FUNCTIONS

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Prospective Juror (explaining): "I owe a man ten dollars, and as he is leaving town today for some years, I want to catch him and pay him the money."

Judge (in a very cold voice): "You are excused. I don't want anybody on the jury who can lie like that."

A rather inebriated individual entered the office of the local Registrar of Vital Statistics and said, "Gentlemen (hic), I wanna regshter the birth of (hic) twins."

"Why do you say 'gentlemen'?" asked the Registrar. "I am the only one here."

"Only one of you?" asked the new father, astonished. "Hmmm—guesh I'd better go home (hic) and make sure."

Mrs. Newrich: "My husband cabled me from Paris on my birthday, asking whether he should buy me a Rembrandt or a Titian. Now, which would you have?"

Mrs. Poorhouse: "Well, as far as that goes, most of those French cars are good."

Citizen: "I hear there's a movement on foot to weed out the unscrupulous lawyers in this town."

Lawyer: "An investigation has been made. It was found that there are no unscrupulous lawyers belonging to the bar here."

Citizen: "Who did the investigating?"

Lawyer: "We lawyers."

Lady Next Door: "You can get anything you want from a mail order house."

Spinster (sighing): "Everything, alas, but a male."

Mr. Kulper: "My dear, we must think of the future. We must economize more. If I were to pass on where would you be?"

Mrs. Kulper: "Why, I'd be right here. The question is, where would you be?"

The college president was disciplining an unruly student.

President: "I am told you have a barrel of beer in your room."

Student: "Doctor's orders, sir; he said if I drank a lot of beer I'd get my strength back."

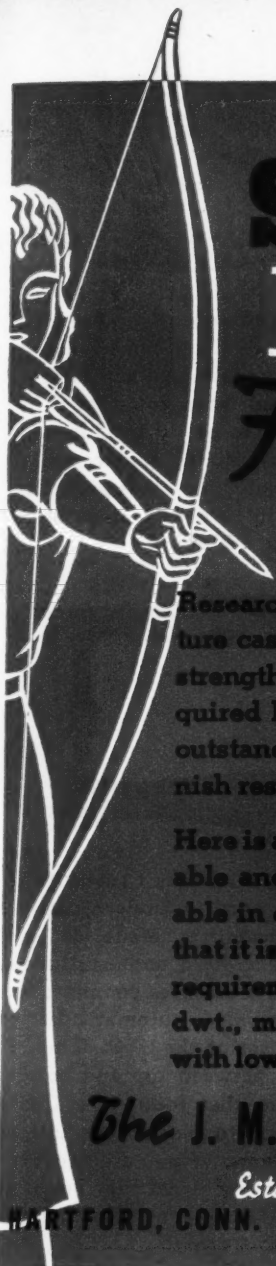
President: "H'm—and did you?"

Student: "Absolutely. When that barrel came in I could hardly move it and now I can roll it all around the room."

Old Maid: "The waiter said to me: 'How would you like your rice?'"

Second Ditto: "And what did you say, dearie?"

Old Maid: "'Thrown at me,' and did I blush?"



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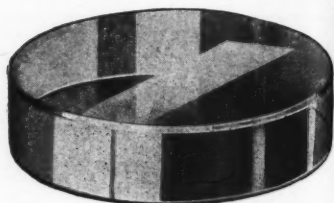
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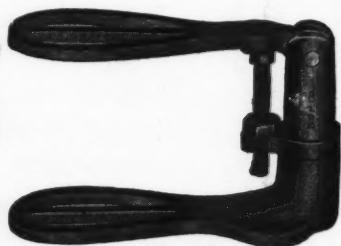
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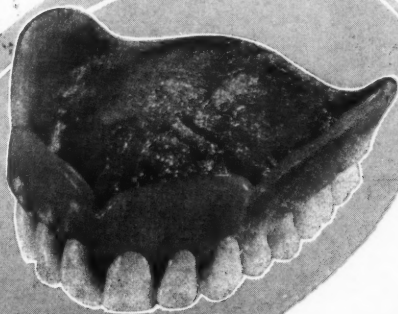
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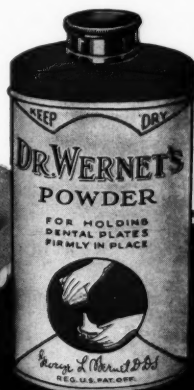
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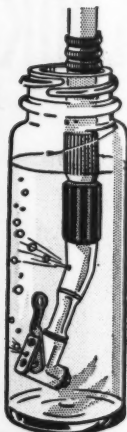
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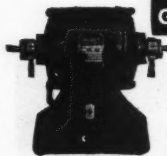
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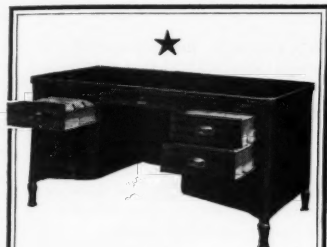
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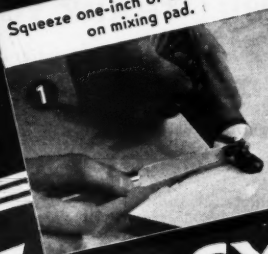
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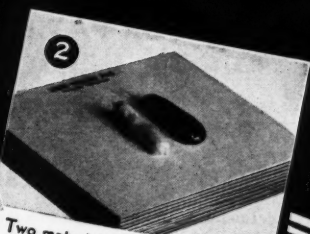
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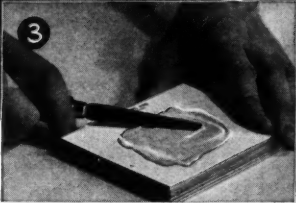


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KERR DENTAL MFG. CO. DETROIT

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REG. U.S. PAT OFF.

# IMPRESSION PASTE ...

## YOUR PATIENTS WILL THANK YOU

if you reline their loose Immediate Dentures with  
**ACKERMAN IMPRESSION CEMENT**

and waterproof it with

**ACKERMAN RELINACOTE**

Temporary relines made with these two materials will last several months and cost less than 20c each.

### SIMPLE TO USE

Take reline impression with *Ackerman Impression Cement* and then brush *Relinacote* over entire impression. The result is a perfect fitting reline with a waterproof coating that protects the cement from saliva.

*Relinacote* is non-toxic, odorless and tasteless. Try a package on our money back guarantee.



A pleasant surprise is in store for those who have not yet tried *Ackerman Impression Cement*.

**TAKE YOUR NEXT IMPRESSION WITH ACKERMAN'S**

**Ackerman Dental Manufacturing Company**

Santa Monica, California

11 Berkley Place, Brooklyn, N. Y.

## INFLAMMATION

When inflammation supervenes, good circulation is necessary for defense. Therefore, heat (not ice) to support the circulation is usually indicated.

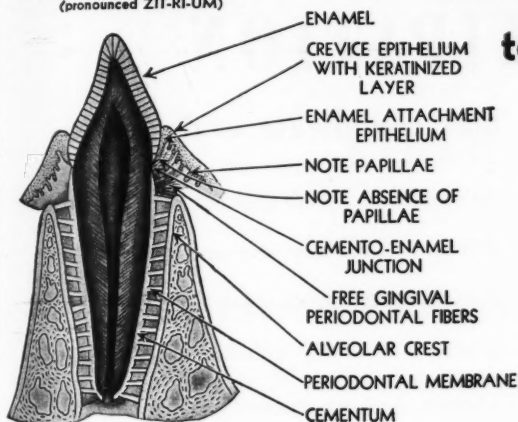
When the circulation has failed, as in *dry socket*, comfortably hot applications of Antiphlogistine are an ideal way of applying prolonged moist heat, while its medication is a further aid in stimulating capillary action.

## ANTIPHLOGISTINE

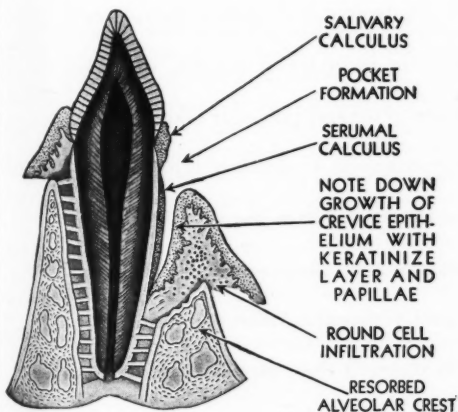
**The Denver Chemical Manufacturing Company**

163 Varick Street . . . . . New York, N. Y.

# ***Xttrium*** — The *Biological Approach* (pronounced ZIT-RI-UM) to the treatment of Pyorrhea



Schematic representation of tooth and surrounding soft tissue.



Schematic representation of downgrowth of crevice epithelium and pocket formation.

The ultimate aim in the treatment of the pyorrhea pocket is to eliminate the pocket.

Learn how the Xttrium treatment eliminates pyorrhea pockets.

The 40-page, interesting and informative Xttrium book describes the scientific background for the Xttrium treatment and gives complete information regarding technique. Return the coupon for your free copy.



The Xttrium Co., 343 So. Dearborn St., Chicago, Ill.

Please send me a copy of the Xttrium book.

Dr. ....

Address. ....

City. .... State ....

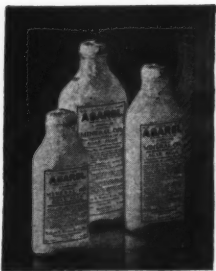


# CONSTIPATION

## may complicate oral disease

An unpleasant breath does not always mean oral disease, but may originate from constipation. When intestinal stasis is neglected, it may unfavorably influence oral health. Therein lies the interest of dentistry in bowel regularity.

For a dependable evacuant, dentists may confidently recommend AGAROL, the original mineral oil and agar-agar emulsion with phenolphthalein. It not only lubricates the intestinal tract, mixes thoroughly with its contents to keep them soft and pliable, but also gently stimulates the peristaltic function to renewed vigor and activity. Because of its exceptional palatability and freedom from oily taste, patients like Agarol.



AGAROL is available in 6, 10 and 16 ounce bottles. The average adult dose is one tablespoonful.

*Shall we send a trial supply?*

**WILLIAM R. WARNER & COMPANY, INC.**  
113 West 18th Street, New York City

---

*The Year That*  
**ETHER**  
*Was First*  
**PUBLICLY DEMONSTRATED**

ON OCTOBER 16, 1846, Dr. William Morton, a dentist, demonstrated for the first time the use of ether for relieving pain in a major surgical operation. The operating room at the Massachusetts General Hospital, where the demonstration was made, has stood unchanged since that memorable day in 1846. The Church & Dwight business was established that same year and our products, Arm & Hammer and Cow Brand Baking Soda, have been faithfully serving the medical and dental professions since.

Because it is so economical and because it performs so many duties so well, the regular use of our Baking Soda can contribute importantly to keep office and laboratory expenses down.

It is an effective dentifrice—cleans teeth and dentures thoroughly. It is an excellent gargle and mouth wash—in a 2% solution, removes mucus and debris from the mouth and throat. In the laboratory the use of our Soda will prevent the black deposit inside vulcanizers—and in the sterilizer it protects costly instruments from rust and tarnish.

Both Arm & Hammer and Cow Brand Baking Soda are pure Sodium Bicarbonate U.S.P. XI, acceptable to the Council on Dental Therapeutics of the American Dental Association as a dentifrice.

One or the other of these dependable old brands is available for just a few cents in sanitary, sealed containers.

**Business Established in 1846**

**CHURCH & DWIGHT CO., Inc.**

**10 Cedar Street**

**New York, N. Y.**



**Crescent Stopping**



- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
- WILL NOT IRRITATE TISSUE
- LEAVES NO TASTE IN MOUTH

4 oz.  
GLASS JAR  
\$1.

**CRESCENT DENTAL MFG. CO.**  
1839 S. Crawford Ave., CHICAGO

## ORTHODONTIA



### SPECIALISTS IN ORTHODONTIA SUPPLIES

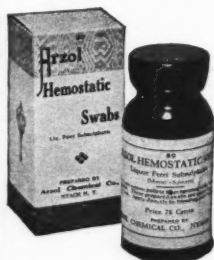
We specialize in the manufacture of a complete line of orthodontia supplies. Materials for all types of appliances are designed and manufactured by technicians especially trained in this field. A complete stock permits immediate shipment of the supplies required for any type of case you wish to construct.

Write For Our Complete Price List

**ORTHODONTIC SPECIALTY COMPANY**  
55 E. Washington St. Chicago, Illinois

# QUICK *control of* Hemorrhage...

WITH ARZOL HEMOSTATIC SWABS



Ready prepared swabs thoroughly saturated with Monsel's solution. Always fast and easy to use, they're indispensable in emergency cases. Arzol swabs may be used in another way, too. One swab placed in half a glass of water makes an effective astringent lotion, which can be used in the mouth as a gargle, for sore gums, and to wash out open wounds.

Price 75c for a bottle of 50 uniform large size prepared swabs. Order from your dealer.

**THE J. BIRD MOYER COMPANY, INC.**  
1210-1214 Vine Street Philadelphia, Pa.

# WHY KONFORMAX WORKS



NO MIXING  
NO BOILING  
NO WAITING

## KONFORMAX WORKS BECAUSE

it is scientifically prepared under conditions of exacting laboratory control. Strict supervision and inspection guarantee that every batch of Konformax is absolutely uniform. Konformax works because it is a smooth, easy-flowing material with a setting time of one hour. Because of this slow-setting time, Konformax flows in the denture while it is worn by the patient. This quality of easy flow enables Konformax to give a functional impression, detailed and accurate, because Konformax has less resistance than the soft tissue and thereby allows the soft tissue to find its normal position in any denture.

Atmospheric conditions in your office do not affect the operation of Konformax as it does not set by chemical action.

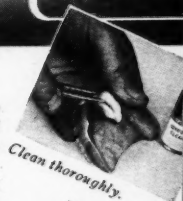
Konformax is always ready . . . produces perfect suction and cushion . . . lasts from six weeks to several months . . . withstands temperatures up to 400° . . . is non-irritating . . . may be used on any standard denture material—either full or partial . . . is not affected by saliva . . . has been developed by a well-known practicing dentist . . . has won the approval of the profession with gratifying rapidity . . . and is inexpensive because ten or more rebasings can be obtained from a \$4 package of six tubes.

*Order from your dental dealer*

## KONFORMAX

KONFORMAX LABORATORIES, INC., 1720 AVENUE Y, BROOKLYN, N. Y. }

Cable Address:  
Konformax, New Yo



*Clean thoroughly.*



*Apply Konformax.*



*Spread evenly.*

## 3 THIRDS CORRECT

*The first time*

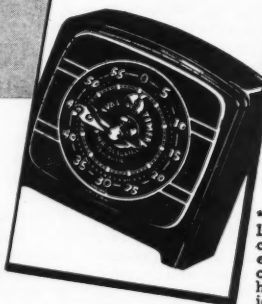
Accuracy, clarity and the saving of valuable time must be of vital importance to you. You can't afford to waste time taking the same x-ray over and over again. Neither can you afford to be only partially right. Your entire diagnosis depends upon the findings of your x-ray examination. This in turn depends upon the solutions you use. Use F-R Concentrated Liquid X-ray Developer and X-ray Fixer\* — the solutions that meet with unanimous approval of dentists and hospitals the country over.

Simply add cold water and in less than 60 seconds you have an efficient ready-to-use x-ray developer and fixer. Now in the new, handy F-R graduate bottle. Ask for F-R by name and be 3 thirds sure your x-rays will be 3 thirds accurate.

### F-R INTERVAL TIMER

#### WITH ADJUSTABLE PRE-SET STOP

An accurate check against under or over developing of films. Easily readable in the darkroom. Recommended as a guide for casting in furnaces, soldering and other laboratory work. \$3.25.



\*F-R Concentrated Liquid X-ray Fixer contains the necessary fixing, acidifying and hardening chemicals all in ONE bottle.



# FINK-ROSELIEVE CO., INC.

NEW YORK

BOSTON

CHICAGO

LOS ANGELES

## SURFACE ANALGESIA *accompanies* the use of this germicide



**T**HE ROUTINE USE of Hexylresorcinol 'Solution S.T. 37,' prior to and following all operative procedures in the oral cavity, meets the germicidal requirements of the dentist and is acceptable to the patient.

Not only is Hexylresorcinol 'Solution S.T. 37' germicidal in the presence of serum, blood, saliva and organic matter, but it also exerts a tissue surface analgesic effect, a consideration for the patient's

comfort. It is non-toxic, non-irritating, stainless and pleasant to the taste.

The low surface tension of Hexylresorcinol 'Solution S.T. 37' aids in penetration of the germicide into minute crevices and interstices. It is germicidal in high dilution, a factor of economic importance. Hexylresorcinol is a phenolic compound (*it does not contain mercury*); it will not attack instruments.

Supplied in five-ounce and twelve-ounce bottles.



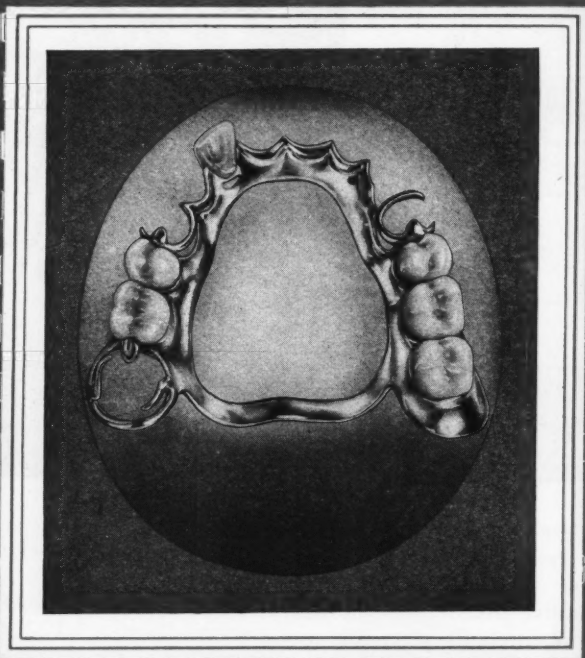
*"For the Conservation of Life"*

Pharmaceuticals

**Sharp & Dohme** Mulford Biologicals  
PHILADELPHIA



# *The* UNPRECEDENTED



The very definite accuracy of Ticonium restorations is a feature that rivals in importance the advantages of the alloy itself.



# TICONIUM



**TED ACCURACY OF**

**TICONIUM**

**IS A CHALLENGE**

**TO OTHER TECHNIQUES AND MATERIALS**

**DISCOVER THE OTHER ADVANTAGES  
OF TICONIUM**

Here are a few of the things you will discover about Ticonium: "Ticonium restorations are light and comfortable. Ticonium clasps retain their original fine fit, are highly adjustable and yet resilient. Ticonium can be used with cast or wrought clasps. Ticonium can be soldered more easily than other nonprecious metals. The Ticonium technique is definite and productive of consistently fine results."

Consult your Ticonium Laboratory today.

*A Product Of*

**TICONIUM**

413 North Pearl St., Albany, N. Y.

**THERE IS A TICONIUM LABORATORY NEAR YOU.**

**REPRESENTS . . . . THE PRESENT  
ADVANCED PROGRESS IN DENTURE  
ALLOYS AND PROCESSING METHODS**



## Royalchrome

DISTINCTIVE FURNITURE

The new line of Royalchrome for 1940 is now ready. It will make your reception room or office attractive and cheerful. It offers style and smartness that is within the bounds of good taste. Royalchrome is easy to keep clean, hard to wear out, economical to own.

**ROYAL METAL MFG. COMPANY**  
1155 S. Michigan Ave., CHICAGO  
New York — Los Angeles — Toronto



## Royal

Write for the  
big, new Catalog.

## MANY DENTISTS



are now using Teel—Procter & Gamble's new liquid dentifrice—as binder for pumice in prophylaxis at chair. Say patients like pleasant taste. Free samples upon request. Write to TEEL, Box 687, Dept. 9, Drug Products Division, Cincinnati, Ohio.

## STERO TOOTH-CLASP BRUSH



# 35¢

at your  
Dealer

Biggest Value.  
Best grade of  
very stiff bristles. Long 5 in.  
brush. Properly tapered to  
fit all clasps. Attractive  
Red Plastic handle.

**STERILE PRODUCTS CO. SAN DIEGO  
CALIFORNIA**

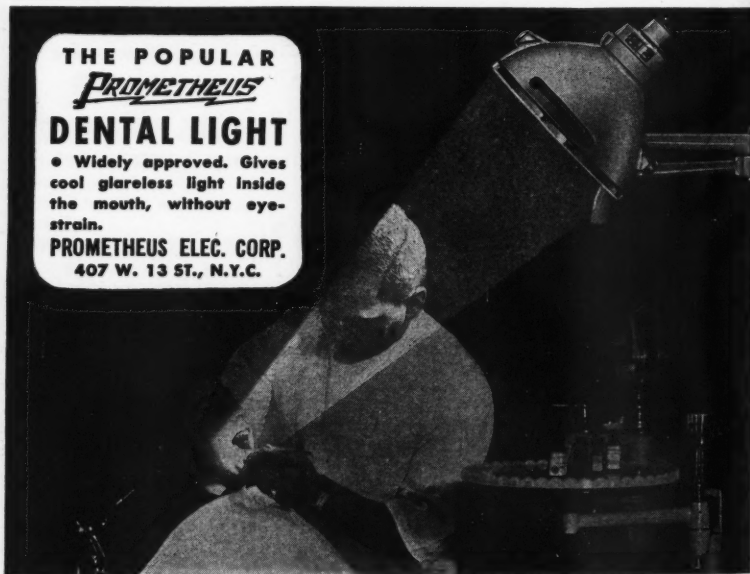
## THE POPULAR

# PROMETHEUS

## DENTAL LIGHT

• Widely approved. Gives  
cool glareless light inside  
the mouth, without eye-  
strain.

**PROMETHEUS ELEC. CORP.**  
407 W. 13 ST., N.Y.C.





*Superior beyond a question!*  
**WILLIAMS XXX** *Castings Gold*  
WITH INDIUM  
*for strong, light-weight enduring  
partial dentures*

Williams Gold Refining Co., Buffalo, N. Y., San Francisco, Calif., Fort Erie, N., C.

# MODERN PIONEERS



A medium-hard gold for simple and compound inlays subject to slight stress... rich gold color...casts exceptionally clean, dense, smooth, with sharp margins.

## Pioneer

Williams Gold Refining Co., Buffalo, N. Y., San Francisco, Calif., Fort Erie, N., Ont.

# *Announcement*

CORPORATE NAME OF THE

**DETROIT DENTAL MFG. CO.**

MANUFACTURERS OF KERR PRODUCTS

HAS BEEN CHANGED TO

**KERR DENTAL MFG. CO.**

THIS IS A CHANGE OF NAME ONLY



SOLE PURPOSE IS TO IDENTIFY MORE CLOSELY THE COMPANY WITH ITS PRODUCTS, ALL OF WHICH BEAR THE COMPANY'S WIDELY KNOWN TRADEMARK,

**KERR**

REG. U.S. PAT OFF.

# LAVORIS

Fine daily tonic for  
mouth and throat

Cleansing, stimulating mouthwash and gargle

## THUM

### Checks NAIL BITING AND THUMB SUCKING

Thumb sucking may cause crooked teeth, high vault and deviated nasal septum which results in inflammation of the nose, throat, middle ear and often partial deafness.

THUM contains pure capsicum with citric acid in a nail-lacquer base which cannot be removed from fingers. Applied like nail polish.

\$ .50 and \$ 1.00 per bottle at your dental depot or druggist.

NUM SPECIALTY CO. 4614 Fifth Avenue, Pittsburgh, Pa.



OH 12-39

## COLLECT YOUR OWN ACCOUNTS

with this **FREE** system

Get your copy of this unique collection system now. There is no charge or obligation. You will find it a very effective form of insurance that protects your accounts from losses due to chronic delinquency.

Every dentist should have the **DENTISTS' COLLECTION SYSTEM**. It provides a simple, ethical collection followup—a service that every dentist will like.

Return the coupon today and put your collection problem on a business-like basis.

### ARROW SERVICE

Arrow Bldg., Schenectady, N. Y.

Send me, free of charge, your  
Dentists' Collection System.

.....D. D. S.

Address .....

City .....State .....O.H. 12



**"Doctor, you  
certainly fixed me up!"**

"You had me worried for awhile, but THESE plates fit like a glove and work fine!" . . . On the second attempt, "Kelly's Paste" produced the fine adaptation that was missing the first time. You can get superior results regularly with this proved corrective material. Order from your dealer, \$2.50. We guarantee your satisfaction. Kelly-Burroughs Laboratory, Inc., 143 N. Wabash Ave., Chicago, Ill.

*For Better Adaptation, Use*

**Dr. Kelly's Impression Paste**



**MY  
DENTIST**  
*IS A DARLING!*



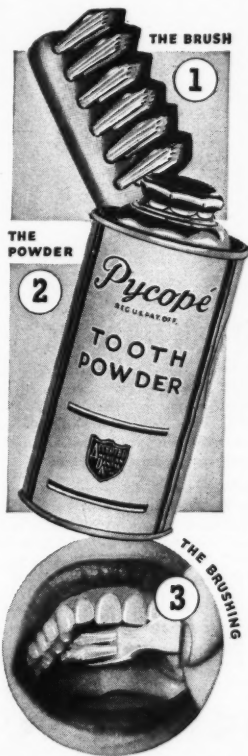
**MY MOUTH NEVER FELT SO GOOD!**

● PATIENTS are daily grateful to their dentists for teaching proper home care of the mouth. Teeth sparkle, gums glow, when cared for *thoroughly* — with products truly adapted for the purpose.

**PYCOPÉ Tooth Powder** is "Council-Accepted." A scientific product, it is more than a palatable confection. Both its **CLEANSING ACTION** and **SOLUBILITY** are practically 100%. It has no soap, no glycerin. The salt, of its salt-and-soda base, is sifted to eight times the ordinary fineness and is in complete solution within 30 seconds. Pycopé is also 100% **SAFE**. It has no sodium perborate, no grit. And it **WILL NOT MAT** a toothbrush!

**PYCOPÉ Brushes** excel for interdental brushing. The small head reaches every part of the mouth. The straight brushing plane insures contact with every surface of every tooth. And the rigid handle and stiff bristles permit controlled action at all times.

Both are products that really benefit your patients. **PYCOPÉ, Inc., 2 High Street, Jersey City, N. J.**



**Pycopé**  
**PY-KO-PAY**

**ETHICAL PRODUCTS WORTHY of YOUR PRESCRIPTION**



## Comparative Tests for FREE Salicylic Acid in Gastric Content After Ingestion of Aspirin or Alka-Seltzer . . .

CROSS-SECTION TABULATION OF EXPERIMENTAL RESULTS			
SUBJECT	TIME OF COLLECTION OF SPECIMENS MINUTES	QUALITATIVE TESTS FOR FREE SALICYLIC ACID IN GASTRIC CONTENTS	
		AFTER GRUEL MEAL AND ASPIRIN	AFTER GRUEL MEAL AND ALKA-SELTZER
T. C.	15	+++	0
	30	++++	0
	45	+++	0
	60	++	0
	75	+	0
	90	±	
	105	0	
	120	0	
M. C.	15	++	0
	30	+++	0
	45	++	0
	60	+	0
	75	±	
	90	—	
	105	0	
E. B.	15	+++	0
	30	++++	0
	45	+++	0
	60	—	
	75	—	

THIS investigation was undertaken as part of a comprehensive study to determine the value of Alka-Seltzer as an agent for the relief of certain minor ailments.

One of the many laboratory and clinical experiments undertaken is summarized herewith.

Full details of this and other informative studies are being compiled in the form of an illustrated brochure which will be sent to interested physicians on request.

## CONCLUSIONS

1. All qualitative tests for free salicylic acid (or acetylsalicylic acid) were negative in specimens of gastric contents aspirated at intervals of 15 minutes after the ingestion of Alka-Seltzer with the gruel meal until the stomach had been emptied completely.

2. All specimens of gastric contents analyzed for periods ranging from 45 to 75 minutes after consumption of aspirin with the meal gave positive tests for free salicylic acid (or acetylsalicylic acid) varying in intensity from + to ++++ reactions.

The absence of free salicylic acid in the gastric content following ingestion of Alka-Seltzer is clinically significant. It suggests a lessened tendency toward possible irritant action of the analgesic on the gastric mucosa.

**MILES LABORATORIES, INC.**  
OFFICES AND LABORATORIES: ELKHART, INDIANA

# "It Gives 3-FOLD Aid to Dental Nutrition"



FOR years the "protecting" food-drink, Ovaltine, has been recommended by dentists as the basis of a liquid or semi-liquid diet, after extensive operative work. *Its nourishing properties fit it ideally for such a role.*

Do not, however, overlook the *three-fold* aid Ovaltine can give to dental nutrition:

*First*, Ovaltine is rich in Vitamin D—the vitamin needed for the absorption and utilization of calcium and phosphorus.

*Second*, Ovaltine abundantly fortifies the diet in calcium and phosphorus—the minerals essential for the health of the teeth.

*Third*, Ovaltine helps improve the general health by enriching the diet in Vitamins A, B<sub>1</sub> and G and iron, as well as high-quality proteins and energy elements.

Thus Ovaltine is a beneficial addition to



**—Especially  
Advisable  
After  
Operative  
Procedures**

the diet of *all* your patients—especially growing children, expectant and nursing mothers and others whose dental condition points to the need of dietary attention.

Why not recommend it more often?

**Ovaltine**  
AIDS DENTAL NUTRITION

# The EVIDENCE IS IN



"Silvodont is the only  
oxy-eugenol silver  
preparation that sets  
hard enough to make  
a real foundation un-  
der amalgam or inlay."

"I like Silvodont be-  
cause it can be plac-  
ed in direct apposi-  
tion with the vital  
pulp...and doesn't  
discolor enamel!"



Silvodont has been in constant use for 15 years by thousands of dentists all over the world... whose practice has consumed over 350,000 packages. This is PROOF, we believe, that Silvodont meets a demand better than any other product on the market.

**SEND COUPON FOR FREE  
TECHNIQUE BOOK**



## Dear Doctor:

As specialists in Professional Garments, may we send you the Manhattan Style Book and samples? It shows a choice of 8 stock styles (sizes 36-46) ... 30 styles and 25 materials if you prefer Made-to-Measure garments. Just pin this ad to your bill head.

**MANHATTAN MANUFACTURING CO.**

509 So. Wabash Ave.

Chicago, Ill.

### STOCK STYLE No. 01

Sanforized-Shrunk  
Manco Linene

1.....\$ 2.40  
3.....\$ 7.00  
6.....\$13.50

Pre-Shrunk  
Paramount Poplin

1.....\$ 2.95  
3.....\$ 8.70  
6.....\$16.50



## COTTON ROLLS

These improved cotton rolls are a delight to the efficient dentist and are not harsh to the patient's mouth. They are actually **spun** from 100% pure surgical absorbent cotton to make them softer, more pliant and non-collapsible. They adopt easily into any position, are stretchable and small tufts are quickly detachable.

**DENTAL ABSORBENTS CO.**

Palms Station  
Hollywood, California

**Gentlemen -**

Please send me a free, generous sample of "SUPER ABSORBENT" ROLLS.

DR. ....

STREET .....

CITY and STATE .....

**W**ITH the addition of the popular Jaquette type scalers Nos. 3, 4 and 5, and the large sickle type, No. 6, the new complete line of Morse Scalers provides for every phase of instrumentation required in dental prophylaxis. For these new types supplement the extraordinarily wide range of operating proficiency inherent in the three small hook scalers of distinctive Morse design—Nos. 0, 1 and 2—which may be bent, cold, to any angle desired . . . Now, with these four added types, dentists more than ever appreciate the efficiency, as well as the economy, of Morse Scalers and their interchangeable-point principle.

**. . . AND A CHOICE OF HANDLES, TOO!**

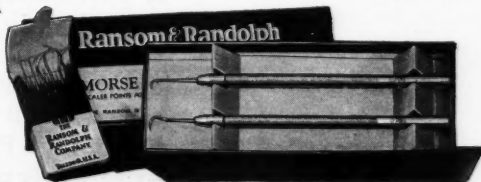
Remember also that the Morse clutch type handle is now available in two sizes—regular and small—so that you can satisfy your own preference as to diameter and weight. Both are heavily chrome-plated—non-tarnishing and non-rusting, inside and out . . . Order a Morse Outfit today.

**THE MORSE SCALER OUTFIT . .**

Contains eight scalers—one of each type; and two clutch type handles—either size.

Complete . . .

**\$425**





*Pure Vitamins*

*prescribed by*  
**DENTISTS**  
*and*  
**PHYSICIANS**

## **CANTAXIN**

Trademark Reg. U. S. Pat. Off. & Canada

**Brand of ASCORBIC ACID**

*Vitamin C*

## **DRISDOL**

Reg. U. S. Pat. Off. & Canada

**Brand of CRYSTALLINE VITAMIN D<sub>2</sub>**

**"FROM ERGOSTEROL"**

**IN PROPYLENE GLYCOL**



*Winthrop*

**CHEMICAL COMPANY, INC.**

Pharmaceuticals of merit for the  
physician and dentist

**NEW YORK, N. Y. WINDSOR, ONT.**

**Factories: Rensselaer, N. Y. — Windsor, Ont.**

● The importance of an adequate supply of vitamins C and D for maintaining the nutrition of the dental structures, especially during childhood, is generally recognized.

Cantaxin (pure synthetic vitamin C) has proved of special value in the management of dental caries, pyorrhea and certain affections of the gums when these are attributable to a deficiency of vitamin C due either to low intake or insufficient assimilation.

For promoting healthy growth of teeth Drisdol in Propylene Glycol is particularly suitable. It contains highly potent crystalline vitamin D<sub>2</sub> in a medium which assures complete diffusibility in milk without impairment in taste. Drisdol in Propylene Glycol is extensively used because of ease and simplicity of administration, reliability of dosage, small dose and economy.

Drisdol is also available in capsules with vitamin A.



# VINCE

## THE OXYGEN LIBERATING ANTISEPTIC IS THE PREPARATION OF CHOICE

When all the evidence becomes available, you will discover that Vince serves more effectively your purpose of specific therapy in oral inflammatory conditions than many other measures you may have tried. And Vince will also better serve the needs of the patient as a dental and oral cleanser in the home.

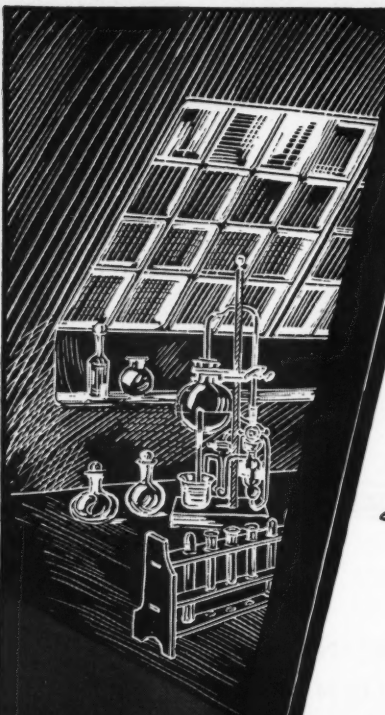
Vince liberates nascent oxygen, but is not a bleach. It cleanses by precipitating mucous plaques, it aids in treatment by inhibiting the growth of pathogenic micro-organisms. Vince is an excellent deodorant.

If you would like to know sodium perborate at its best, ask for a trial supply of Vince. Use it as a powder or paste pack in your office, and prescribe it as a dentifrice and mouthwash for your patient at home. You will have reason to be satisfied with Vince because of its recognized effectiveness, convenience and pleasing flavor.

- VINCE is obtainable in tins of 2, 5 and 16 ounces.



**VINCE LABORATORIES, INC. • 117 West 18th Street • New York City**



# WHAT WAS Found IN THE Laboratory

FASTEETH...THE ORIGINAL ALKALINE DENTURE POWDER.  
This booklet describes the tests conducted  
in a scientific laboratory of  
denture material  
properties.

The mild Alkalinity of FASTEETH persists for hours in the mouth. It is therefore of great value to the new or old denture patient, whose mouth tissues are irritated or inflamed by hyperacidity. Since tissues heal better in a mildly alkaline medium, FASTEETH is a definite aid to Nature in the gum-healing process.

Alkaline FASTEETH does not become bulky or mucilaginous, but maintains a pleasant feeling film-like consistency and therefore hasn't the tendency to seepage, a cause of nausea.

FASTEETH is a well tolerated denture powder. Learn the scientific facts about the value of alkalinity in a denture powder. Send for FREE 8-page Booklet, "WHAT WAS FOUND IN THE LABORATORY."

FASTEETH, INC., BINGHAMTON, N. Y.

OH 12

Gentlemen:

Yes, please send me copy of "What Was Found in the Laboratory."

Name .....D.D.S.

Street.....

City.....State.....



# ALKALINE!

*We leave the verdict  
to your Patients, Doctor*





## CUT FILM EXPENSE!

### Use DENTETTES

REGULAR EMULSION (Slow)  
One Film Packets ..... \$3.00 per gross  
Two Film Packets ..... \$3.50 per gross

SENSITEX EMULSION (Med. Fast)  
One Film Packets ..... \$4.00 per gross  
Two Film Packets ..... \$4.75 per gross

Ask your dealer. If he does not carry DENTETTES, order direct. Send for free samples.

OH 12-39

GEO. W. BRADY & CO., 809 S. Western Ave., Chicago, Ill.

## DID YOU SAY PAINLESS ? ? ? ?

Yes, if you use Buckley's Zinc Oxide Compound, SPECIAL for desensitizing dentin.

Send for FREE Booklet "Dental Therapeutics" by J. P. Buckley.

BUCKLEY PHARMACAL COMPANY

North Hollywood, Calif.

Send for

## FREE CATALOG OF CASTLE

### STERILIZER EQUIPMENT

giving Hospital Sterilization Safety in your own office. Wilmot Castle Co., 1101 University Ave., Rochester, N.Y.



## "STAR" BRAND holds well to metal



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It also contains no mercury; it will not injure even the most sensitive mouth tissues. Dentures made with "STAR" Brand are dense, homogeneous and hard. They are strong, durable yet light-weight with a desirable modulus of elasticity. Completely odorless and tasteless—"STAR" BRAND will please your most exacting patients.

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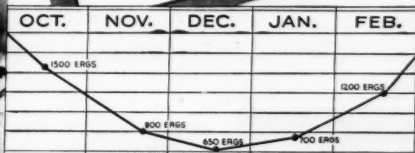
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into Winter's  
Sun-poor Days



**NOW is the Time  
They Need Extra**

*The days get shorter, sunlight is poorer and skies are gray with clouds. November and December sunlight, only 1/7 and 1/8 as rich in ultra-violet rays as the June sun, fails to provide enough of the indispensable Vitamin D. Caries increase during winter and spring.*

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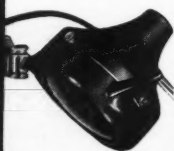
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Are you planning

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O.H. 12-39

## METHODS FOR QUANTITATIVE ESTIMATION OF THE VITAMINS

### III. Measurement of Vitamin A Activity

• It was early recognized that vitamin A deprivation in animals resulted in cessation of growth or—if long continued—in the appearance of a characteristic eye condition known as xerophthalmia (1). These two pathologic effects were both utilized in the first methods proposed for quantitative estimation of this essential food factor.

The earliest techniques for determination of vitamin A were similar in that they all first provided for depletion of the body stores of vitamin A of the rat by restriction of the animals to basal rations free from or quite deficient in the vitamin. In the "rat growth" method, the vitamin A activity of the material under assay was estimated by feeding graded dosages to animals depleted of the vitamin (as gauged by cessation of growth) and recording the ensuing growth response (2). In the "curative technique," the incidence of xerophthalmia served as the criterion of vitamin A depletion (3), and vitamin A activity was estimated by determining the dosage of the test material necessary to establish cure of xerophthalmia.

Techniques were also gradually developed which in some instances embodied features of both the growth and curative methods. Still another technique based on the continuous appearance of cornified epithelial cells in vaginal smears—a further characteristic of vitamin A deficiency in female rats—was evolved (4). Further research showed that colorimetric and spectographic methods may be adapted to the estimation of vitamin A activities of specific materials (5).

Of all methods for estimation of vitamin A in foods, the rat growth technique appears to be favored today (6). Gradual improvements and refinements—as well as recognition of the existence of provitamins A—have led to development of the growth method now included in the U. S. Pharmacopeia XI. This method requires that young rats weighing 40 to 50 grams (at an age not exceeding 28 days when placed on a vitamin A deficient ration) shall manifest symptoms characteristic of vitamin A deficiency within a period of 25 to 45 days. Rats properly depleted of vitamin A reserve are assembled in negative control groups receiving no supplement, reference groups receiving graded doses of the standard reference material, and assay groups receiving graded doses of the assay material. During the ensuing period of not less than 28 days, the test animals are fed daily doses of the proper supplements. The body weights of the animals are recorded at frequent intervals during and at the end of the assay period. From the average gains in body weight of rats in the assay and reference groups, dosages of assay and reference materials, and the vitamin A activity of the standard of reference, the vitamin A activity of the assay material is calculated.

Many researches (7) have established that commercial canning procedures are without significant effect upon either the provitamins A or vitamin A in foods. Consequently, the canned varieties of foods noted for their vitamin A activities provide valuable, convenient and economical sources of this dietary essential.

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- (1) 1913. J. Biol. Chem. 16, 423 and 255.
- (2) 1928. J. Biol. Chem. 78, 671.
- (3) 1931. J. Dairy Sci. 14, 229.
- (4) 1927. J. Biol. Chem. 73, 153.
- (5) 1938. J. Am. Med. Assoc. 111, 245.

- (6) 1936. The Pharmacopeia of the United States, Eleventh Decennial Revision, page 478.
- (7) 1929. Ind. Eng. Chem. 21, 347.
1936. J. Am. Diet. Assoc. 12, 231.
1936. Mass. Agr. Expt. Sta. Bull. No. 338.
1938. Nutrition Abstracts and Reviews, 8, 281.

*What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y. This is the fifty-fourth in a series which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.*



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ANAESTHETIC  
WEARS OFF

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**ANACIN** is also helpful in relieving pain due to headache, neuralgia and neuritis. Free Anacin sample service to all dentists on request.



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*...No* **MATTER WHICH**



*Use only one-half inch of . .*

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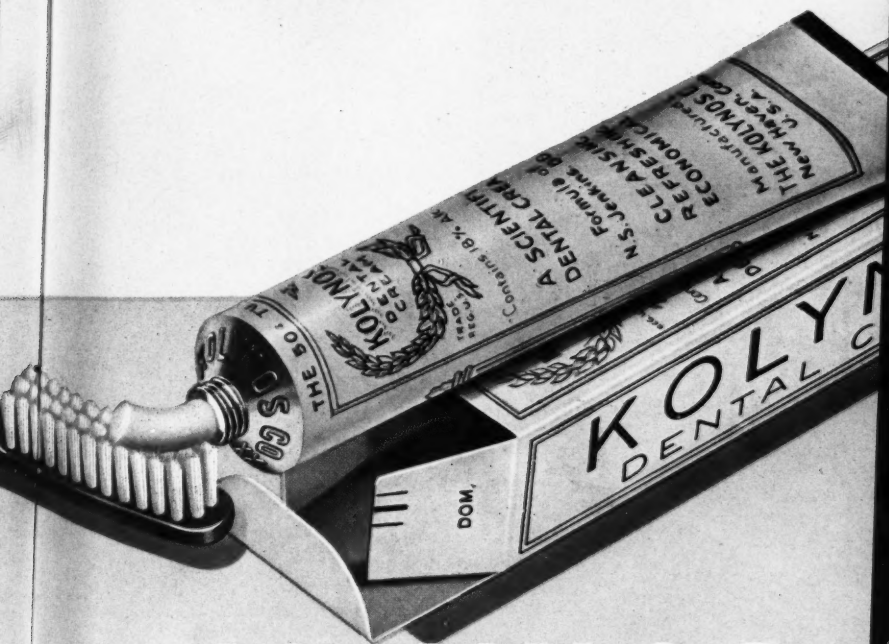
Use only one-half inch of KOLYNOS  
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One-half inch of Kolynos Dental Cream is just the correct amount to produce the desired effect—the mouth feels clean and refreshed.

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**DOSE:** One level teaspoonful  
in a glass of water if neces-  
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Offers a natural and  
natural of feeling and  
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Indicated when neces-  
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**GASTRIC HYPERACIDITY  
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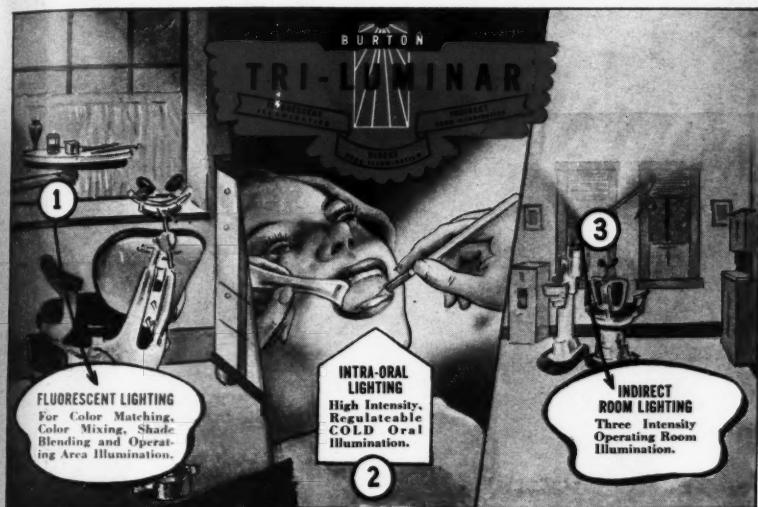


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To the Dental Profession on Request*

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**COMPLETE**  
**3 IN 1**  
**OPERATING**  
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**COSTS NO MORE**  
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**BUT ALL THREE** — developed to the highest point of scientific perfection—in one unit! For the TRI-LUMINAR consists of: (1) **FLUORESCENT** lighting for the operating area; (2) controllable 100 to 500 footcandles direct **ORAL** cavity **COLD** illumination; (3) indirect three intensity **ROOM** illumination. The TRI-LUMINAR, the master lighting unit, may be adopted complete, or in sections as desired.

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# THANKS TO YOU

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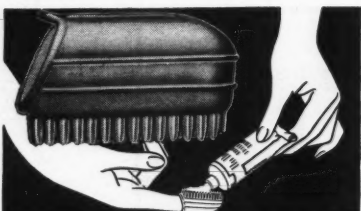
For thirty-three consecutive years, Revelation Tooth Powder has enjoyed a steady increase in sales and number of users. We feel that this widespread success is due in no small measure to our thousands of dentist friends who use and recommend Revelation. In every way, we have always endeavored to merit the confidence and cooperation of the profession and shall of course continue to do so.

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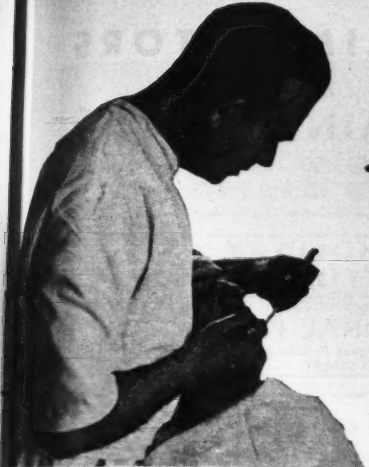
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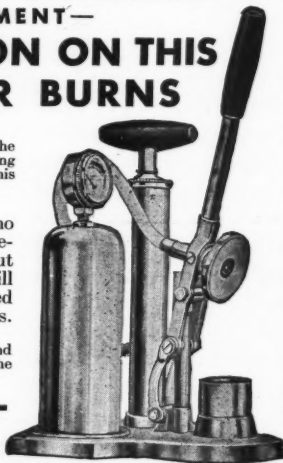
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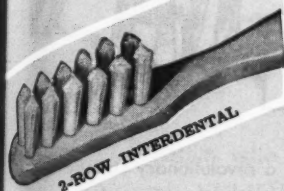
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1. **SMALL HEAD** easily reaches intermost tooth surfaces.
2. **FULL TUFTS** of base end cut Chungking bristles, trimmed for interproximal massage brushing.



2-ROW INTERDENTAL



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STANDARD

3. **STRAIGHT** Takamine Bamboo handle will not bend.
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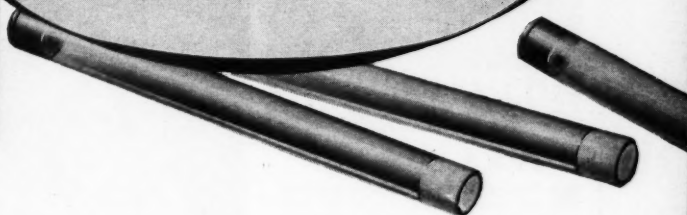
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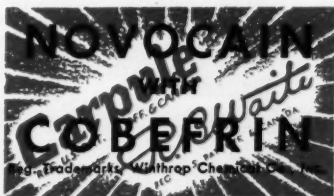
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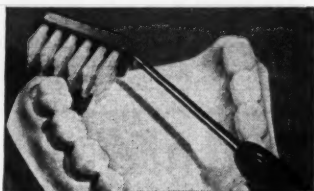


# The Brush that is **DIFFERENT**

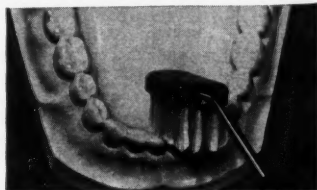
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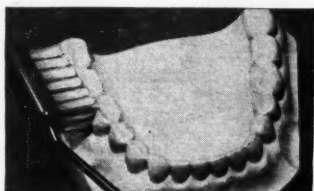
*Makes it easy to reach exposed surfaces of all teeth*



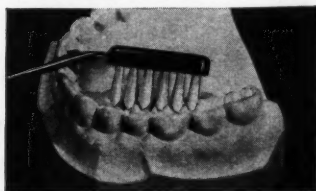
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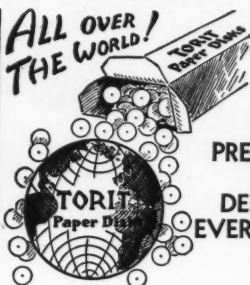
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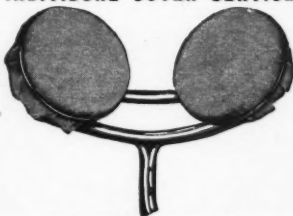
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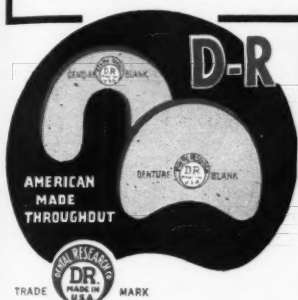
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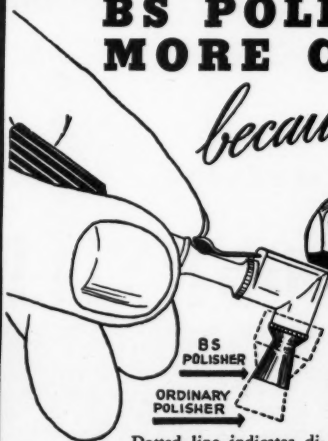
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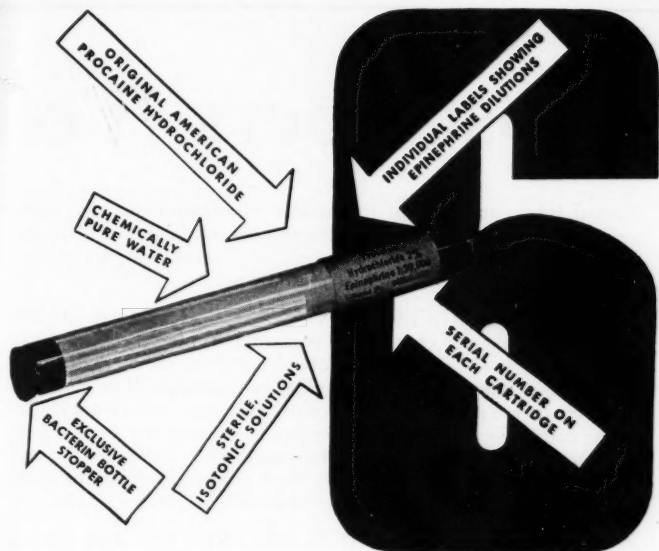


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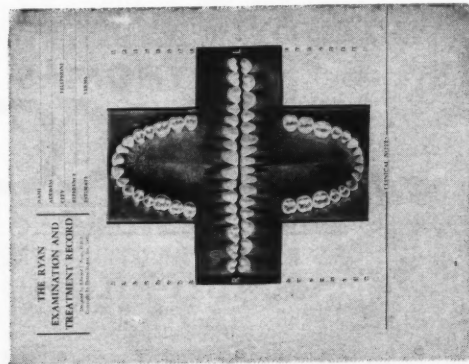
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3. It is a good plan to keep a blank sheet of paper between the charts to prevent possible smearing of crayon or pencil markings; but this is not essential.
4. A fresh pad of charts may be kept ready for use in back of the notebook of active records.
5. The various types of restorations and their location in a particular mouth are shown with the use of polychrome pencils—gray, for amalgam; deep yellow, for gold. White pencil does not show up very well; consequently, porcelain may be indicated with soft lead pencil outlines or cross-hatching.
6. Spaces provided beside the quadrants with numbers corresponding to the teeth permit special notations concerning each tooth. As treatment progresses the blue markings indicating needed dentistry are erased, and the nature, location, and date of placement of each new restoration are recorded. Additional clinical notations are made if necessary in the space provided for that purpose below the chart itself.

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Mongol pencils are made by Eberhard Faber; Castell by A. W. Faber.

7. It is essential to be consistent in any system of symbols or markings developed. To insure consistency, it is well to have a key page in the front of the notebook.



# WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last minute changes often alter page numbers and positions.

Abbott Laboratories .....	1533
Ackerman Dental Mfg. Co. ....	1484
Aderer, Inc., Julius .....	1522
Alkalol Company .....	1482
American Can Company .....	1510
American Chiclo Co. (Dentyne Gum) ..	1434
American Home Products .....	Insert
Anacin Company .....	Insert
Antidolor Mfg. Company .....	1526-7
Arrow Service .....	1496
Atlantic Rubber Mfg. Corp. ....	1506
Avalon Chemical Products Co. ....	1524

Baldor Electric Company .....	1480
Beechnut Packing Company .....	1479
BiSoDol Company .....	Insert
Brady Company, George W. ....	1506
Bristol Myers Company 1421, 1429, 4th cover	
Buckley Pharmacal Company .....	1506
Buffalo Dental Mfg. Co. ....	1478
Burns Dental Casting Machine Co. ....	1516
Burton Mfg. Company .....	1511
Butler Company, Dr. John O. ....	1524

Castle Company, Wilmot .....	1506
Church & Dwight Co., Inc. ....	1487
Cleveland Dental Mfg. Co. ....	2nd cover
Columbus Dental Mfg. Co. ....	1428
Cook Laboratories, Inc. ....	1526-7
Co-Oral-It Dental Mfg. Co. ....	1524
Corega Chemical Company .....	1422
Cosmos Dental Products, Inc. ....	1435
Crescent Dental Mfg. Co. ..	1488, 1514, 1518

Dee & Company, Thomas J. ....	1537
Dental Absorbents Company .....	1500
Dental Pharmaceutical Co., Inc. ....	1482
Dental Research Company .....	1531
Dentists' Supply Company, The 1418-9, 1542	
Dentyne Gum (American Chiclo Co.) ..	1434
Denver Chemical Mfg. Co. ....	1484
Dewey School of Orthodontia .....	1508
Dinkler Hotels .....	1516
Doherty Rubber Works, Eugene ..	1482
Drucker Company, August E. ....	1513
Dumore Company .....	1524

Fasteeth, Inc. ....	1504-5
Fernald Specialty Company .....	1516
Fink-Roselleve Company, Inc. ....	1490
Fischer & Company, H. G. ....	1528
Fleer Corp., Frank H. ....	1424
Forhan Company .....	1436
French & Company, Samuel H. ....	1520

Handpiece Glove Company .....	1480
Hoffmann-LaRoche, Inc. ....	1517
Hy-Kare Laboratories .....	1514

Jelenko & Company, Inc., J. F. ....	1475
Johnson & Johnson .....	1415

Kelly-Burroughs Laby., Inc. ....	1496
Kerr Dental Mfg. Company .....	1483, 1495
Kolynos Company .....	Insert
Konformax Laboratories, Inc. ....	1489

Lavoris Company, The .....	1496
McCaskey Register Company, The ..	1481
McKesson Appliance Company .....	1509
Manhattan Manufacturing Co. ....	1500
Miles Laboratories, Inc. ....	1498
Minimax Company .....	1523
Mizzy, Inc. ....	1541, Insert
Moyer Company, Inc., J. Bird .....	1488
Mu-Col Company .....	1536

Ney Company, J. M. ....	1477
Num Specialty Company .....	1496

Orthodontic Specialty Co. ....	1488
--------------------------------	------

Parlisen Chemical Company .....	1508
Pelton & Crane Company .....	1508
Pepsodent Company, The .....	1425
Phillips Chemical Co., Chas. H. ....	1423
Procter & Gamble (Teel) .....	1494
Professional Printing Co. ....	1516
Prometheus Electric Corp. ....	1494
Prophylactic Brush Company .....	1432
Pycopé, Inc. ....	1497

Ransom & Randolph Company ....	1501
Ritter Dental Mfg. Company, Inc. ....	1417
Royal Metal Manufacturing Co. ....	1494

Schoonmaker Laboratories, Inc. ....	1518
Seck & Kade, Inc. ....	1430-1
Sharp & Dohme .....	1491
Silvodont Company .....	1500
Smith & Son Mfg. Co., Lee S. ....	1525
Spyco Smelting & Refining Co. ...	3rd cover
Squibb & Sons, E. R. ....	1515, 1529
Sterile Products Company. ....	1480, 1494, 1530
Stimudents, Inc. ....	1518

Takamine Corp. ....	1519
Teel (Procter & Gamble) .....	1494
Ticonium .....	1492-3
Torit Mfg. Company .....	1530

Uneek Manufacturing Co. ....	1530
Universal Dental Company .....	1512

Vernon-Benshoff Company .....	Insert
Vince Laboratories, Inc. ....	1503

Wander Company .....	1499
Warner & Company, Inc.; Wm. R. ....	1486
Wernet Dental Mfg. Company .....	Insert
White Dental Mfg. Co., The S. S. ....	1426-7
Williams Gold Refining Co. ....	Insert
Wilmot Castle Company .....	1506
Winthrop Chemical Company, Inc. ....	1502
Wisconsin Alumni Research Founda- tion .....	1507
Wyeth & Brother, Inc., John .....	1521

Xttrium Company .....	1485
-----------------------	------

Young Dental Mfg. Company .....	1531
---------------------------------	------



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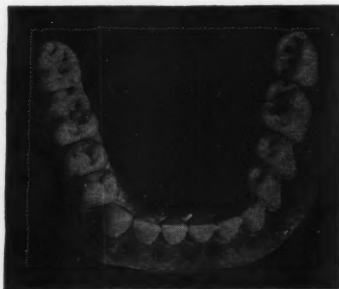


**By Scientific Duplication of the Functions of Natural Teeth**

**W**HEN patients are young, natural posteriors present high, sharp cusps with deep fossae and sulci, usually with a bite too deep for artificial teeth.



**B**Y MIDDLE life, articulating facets have been worn on the cusps of both sets, the bite is more shallow and lateral trauma is reduced. This is the stage of high efficiency in mastication. It is reproduced in regular Trubyte Posteriors, which are suitable for firm ridges and careful articulation.



**N**EW Trubyte 20° Posteriors reproduce an engineering adaptation to considerably worn natural posteriors. They make stability and ease of mastication possible in flat and flabby ridge cases.

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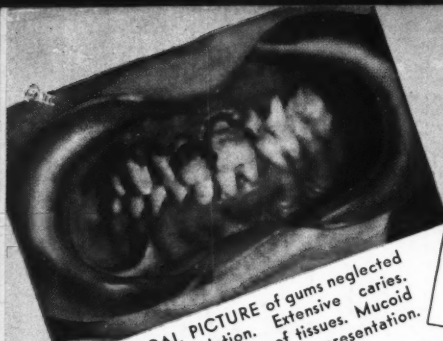
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CLINICAL PICTURE of gums neglected as to stimulation. Extensive caries. Marked hypertrophy of tissues. Muroid film scrubbed off before presentation. Heavy deposit of calculus.

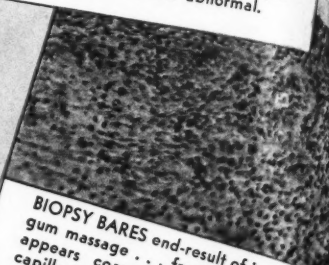


CAPILLARY PHOTOS show effects of non-massage regime on dilation of capillaries; length and diameter abnormal.

## CLINICAL FINDINGS

## CAPILLARY STUDIES

## TISSUE SECTIONS



BIOPSY BARES end-result of inadequate gum massage . . . fragmented collagen appears coarse, granular, edematous; capillaries poorly defined, extravasating. Inflammation

# ALL SHOW THAT GINGIVAL MASSAGE IS VITAL



Stagnant blood in flabby gums usually tends to resume a more normal flow when inadequately stimulated capillaries are aroused by daily use of IPANA plus massage. Teeth and gums may once again receive more adequate nutriment; removal of waste matter may proceed apace. Firmer gums provide a more secure anchorage for the teeth . . . Brushing with IPANA cleans teeth gently and thoroughly . . . Samples on request.

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